

Application for Membership

General

Name: _____ SSN: _____
 Mailing Address: _____
 Phone: (h) _____ (w) _____ Email: _____
 Employer: _____ Occupation: _____
 Bank: _____ Account #: _____
 Credit Card: _____

Aviation

Certificate/Ratings Held

Student	Private	Instrument	Commercial	CFI	CFII

Aircraft Experience (estimated hours)

Total	Solo	Dual	Night	Instrument	Instructing	Complex

Year Started: _____ Most Recent Flight: _____

Instructor who will vouch for your capability

Name: _____ Phone: _____
 Address: _____

Name and contact information for flying clubs you have belonged to in the last 5 years:

Types of Aircraft Flown

Make	Model	Hours

Legal

Aircraft incidents, accidents, violations, waivers or losses (description and dates):

Driving Under the Influence or Driving While Intoxicated arrests or convictions:

NO	YES
----	-----

Driver's License #:

Membership

Services you would be interested in contributing to the club:

How did you find out about TSS?

Why do you wish to join?

I hereby make application for membership in the TSS Flying Club, Inc. and agree to abide by its Constitution and Flight Rules. I further certify that I have read and understand the Constitution and Flight Rules of the TSS Flying Club.

I understand that infractions of the Constitution, Flight Rules, and Federal Aviation Regulations can result in my suspension or discharge from the TSS Flying Club pursuant to the Constitution and Flight Rules.

I understand that TSS Flying Club may conduct a check of my credit rating and driving record before my membership is final.

I agree to be bound by the financial responsibility provisions of the Club's Constitution and Flight Rules as now written and as amended from time to time.

Applicant's Signature: :

Application date :

Membership approval date :

Log Book inspected by :

Board approval date :

Payment receipt date :

Replacement for :