

FAYETTE REGIONAL



FLYING CLUB

850 AIRPORT ROAD SUITE 103
LA GRANGE, TEXAS 78945

APPLICATION FOR MEMBERSHIP

Date: _____ Date of Birth: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Referred By: _____ Hrs. You Expect to Fly Per Year _____

*** * * Complete the following if you have previous flying experience * * ***

Pilot Certificate #: _____
 Ratings: _____
 Hours Logged Total: _____ Cessna 172 _____ Tailwheel _____ Complex _____
 Other Hours (List Type and Hours): _____

Date of Most Recent Flight Review: _____ FAA Physical \$ Date: _____

Have you Ever: Been involved in an aircraft accident as a pilor in command? Yes/No
(If yes, please give details on reverse side)

Have you Ever: Had a pilot's license or medical certificate denied/revoked? Yes/No
(If yes, please give details on reverse side)

Have you Ever: Been convicted of DUI or DWI within the last 5 years? Yes/No
(If yes, please give details on reverse side)

I hereby apply for membership in 172 Fayette Inc. I understand that my application is subject to approval of the Board of Directors and that, upon notification of acceptance I will be required to pay the initial investment fee of \$1500.00, and the current monthly fee of \$130.00. I agree that as a member, I will conform to the Bylaws, flying regulations and operating rules, as well as all federal aviation regulations that apply.

Signature _____

Please mail this completed application to: 172 Fayette Inc.
850 Airport Road
La Grange, Texas 78945

Please enclose a copy of Pilot and Medical Certificate, BFR, and for the TSA a copy of your Passport or Birth Certificate.