**Application For South Shore Flying Club Membership**

**Prospective Member Information**

Name:

Address:

City:

State: Zip:

Home Phone:

Cell Phone:

Business Phone:

E-mail Address:

Employer:

**Credit References**

Name:

Address:

Phone:

Name:

Address:

Phone:

**Name of a Pilot Who Knows You**

Name:

Address:

Phone:

**License Information**

Type:

License Number:

Student Pilot:

Private Pilot:

Commercial Pilot:

Air Transport Pilot:

Instrument:

Instructor:

**Ratings**

Single Engine:

Hours

Multi-Engine:

Hours

Land:

Hours

**Hours Logged**

Last 6 Months:

Last 12 Months:

Total Hours Logged:

Total in PA-28-180/181:

**Medical Certificate**

FAA Certificate Number :

Issue Date:

FAA Medical Certificate Class:

1st     2nd     3rd

Issue Date:

Date of Last BFR:

AOPA Member Number (if applicable):

**Description & date of past flying accidents and/or pilot certificate suspensions;**

**Non-refundable membership entry fee is $1,400.00 (One Thousand Four Hundred Dollars).**