



## Aptis Aviation Access Club Application

### APPLICANT INFORMATION

Name:	
Address:	
Phone:	Email:
DOB:	SSN:

### EMERGENCY CONTACT INFORMATION

Name:
Phone:
Relationship:

### EMPLOYER INFORMATION

Employer:
Occupation:
Address:
Phone:

### PILOT INFORMATION

Total Flying Hours:	Last 6 Months:
Certificates Held:	Medical Class:
Medical Due:	BFR Due:
Anticipated Flight Hours in Year:	
Date of last Flight:	

Any Aircraft accidents or incidents \_\_\_\_\_ Y \_\_\_\_\_ N  
Charged with violation of any FFA regulations \_\_\_\_\_ Y \_\_\_\_\_ N  
Involved in any vehicle accidents in past 3 years \_\_\_\_\_ Y \_\_\_\_\_ N  
If yes explain: \_\_\_\_\_  
Issued moving traffic citation in past 3 years \_\_\_\_\_ Y \_\_\_\_\_ N  
If yes explain: \_\_\_\_\_

I \_\_\_\_\_, understand that the owners of Aptis Aviation determine my acceptance into the Aptis Aviation Flight Club. If accepted, I agree to follow the procedures and regulations outlined.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*PLEASE ATTACH COPY OF DRIVERS LICENSE, CURRENT MEDICAL, AND PILOT CERTIFICATE\***

**Approval**

Board Member Initial:	Board Member Initial:
Board Member Initial:	Board Member Initial:
Date Application Received:	Date Application Approved: