

UNITED COOPERATIVE FLYING CLUB

Membership Application

APPLICANT

P.O. Box 588 - Belmont CA - 94002

Last Name	First	M.I.	D.o.B
Address	City	State	ZIP
Home Phone#	Work Phone#	email	

ELIGIBILITY

<input type="checkbox"/> UA Employee	UA File# _____	UA Address _____
- or -		
<input type="checkbox"/> Related to UA Employee:		
Employee _____	UA File# _____	UA Address _____
Relationship _____	Hm Phone # _____	Wk Phone # _____
Hm Address _____	Related Employee Signature _____	

note: If applicant is under 18 years of age, the related United Employee must be financially responsible for the account

AVIATION BACKGROUND

Aviation Medical Class:	Date issued: / /	Last Flight Review Date: / /
<input type="checkbox"/> Student # issued / /	<input type="checkbox"/> Comm # issued / /	<input type="checkbox"/> CFII issued / /
<input type="checkbox"/> Private # issued / /	<input type="checkbox"/> ATP # issued / /	<input type="checkbox"/> A & P issued / /
<input type="checkbox"/> Instrument issued / /	<input type="checkbox"/> CFI issued / /	<input type="checkbox"/> Other
Total flight hours to date:		Total flight hours in last 90 days:

Yes	No	<input type="checkbox"/> <input type="checkbox"/> Have your ever been involved in an aircraft accident or incident?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Has your Pilot Certificate ever been suspended or revoked, or ever referred for remedial training by the FAA? <i>(If yes to either of the above questions, included a narrative on the reverse side of this form)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have your ever been a member of the United Flying Club? List the names of Flying Clubs and FBOs you have belonged to over the last 3 years along with their airports
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MEMBERSHIP AGREEMENT

As a member of the United Flying Club, I agree to comply with all applicable Federal Aviation and Local Airport Regulations. I have read the United Flying Club Rules & General Operating Practices and will comply with them.

signature

date

Attach copies of Pilot Certificates, Medical Certificate, Photo ID, and Club Rules Review

PRES	VP	TRES	FLT MGR	MAINT MGR	MCV	MEM#
CHK RCV	SCHD ADD	RSGN	DEP REF	NOTE	[0499MAG]	