

LAKES REGION FLYING CLUB  
APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

FAA Certificate No. \_\_\_\_\_ Private: Y N Commercial: Y N

Ratings (SEL, MEL, I, CFI, CFII, ATP): \_\_\_\_\_

FAA Medical Certificate Class & Expiration Date: \_\_\_\_\_

Dual Instruction: Received \_\_\_\_\_ If instructor, Given: \_\_\_\_\_

Pilot-in-Command: \_\_\_\_\_ Night: \_\_\_\_\_ Instrument: \_\_\_\_\_ PA-28: \_\_\_\_\_

Last Biennial Flight Review: \_\_\_\_\_ Last flight as PIC, SEL: \_\_\_\_\_

Have you been checked out in Piper PA-28-180? Y N

Any personal limitations/restrictions that you are aware of prior to check out in club aircraft? If none, write NONE: \_\_\_\_\_

Have you received a copy of the club by-laws and club operating rules? Y N

Deposit Amount of \$3,000 is enclosed. Attach a copy of Medical Certificate, Private Pilot Certificate, and last 2 pages of logbook entries.

Upon acceptance of this Application by the LRFC Directors, I agree to abide by the by-laws and operating rules of the Lakes Region Flying Club.

\_\_\_\_\_  
Signature of Applicant

Deposit Fee Received: \$ \_\_\_\_\_ Date \_\_\_\_\_

Application Approved:

<u>Director</u>	<u>Initialed</u>	<u>Director</u>	<u>Initialed</u>
John Tramontano	_____	Randy Eifert	_____
Wes Colby	_____	Carroll Bewley	_____
Bill Moran	_____	Val Milchev	_____

Secretary Recorded: \_\_\_\_\_ Date: \_\_\_\_\_