

Membership Application

Personal Information:

Name (last, first): _____

Address (street): _____

(city, state, zip): _____

Home Phone: (_____) - _____

Work Phone: (_____) - _____

Cell Phone: (_____) - _____

Email Address: _____

In an emergency

notify: _____ Phone _____

or: _____ Phone _____

Pilot Information

Type Certificate: _____ Number _____

Issue Date: _____

Ratings: _____

Restrictions: _____

Has your certificate ever

been suspended or revoked: No ____ Yes ____ (If yes explain below)

Date of last medical: _____ Medical Class _____

Last flight Date: _____ Last BFR date _____

Total Logged Hours: PIC _____ IFR _____ Night _____ Dual _____

Total Logged Hours: Complex/High Performance Airplane PIC _____

Credit and Employment Information (must be completed)

Bank Name: _____

Credit Cards: VISA MC AMEX Other _____

Employer: _____

Length of employment: _____ years.

Employer Address: _____

Employer Phone: () _____

All information given by me on this application is true and accurate (and will remain confidential). All information given regarding, class, and/or categories are based on certificates held by me that have not been suspended, revoked, expired or surrendered. I will report any changes to the above immediately.

- Include The Following:**
- 1. Copy of Pilot Certificate and Medical Certificate**
 - 2. Check for \$630 for Deposit (\$500), Initiation Fee (\$65) and First Month Dues (\$65)**

*** You must also attend one club meeting to be eligible for membership. Meetings are usually held at 7:30 PM on the third Tuesday of each month at the Addison Airport Fire Station. See <http://www.rfcdallas.com/meetings.asp> for details and time or location changes.**

I HAVE READ THE BYLAWS AND THE OPERATING POLICIES AND PROCEDURES OF RFC DALLAS, INCORPORATED AND AGREE TO ABIDE THEM. FURTHERMORE, I HEREBY RELIEVE AND RELEASE RFC DALLAS INC., ITS BOARD OF DIRECTORS, AND ITS OFFICERS OF ANY RESPONSIBILITY REGARDING CLAIMS OR DAMAGES IRRESPECTIVE OF ITS OR THEIR NEGLIGENCE.

Signature: _____ Date: _____

RFC Dallas, Inc. Board approval: _____ Date: _____

Upon completion of this application, either bring it to the next Club general membership meeting, or mail your completed application, together with

1. legible copies (both sides) of your pilot certificate and medical certificate and
2. a check payable to RFC Dallas, Inc. in the amount of \$630

to:

RFC Dallas, Incorporated
P.O. Box 691
Addison, TX 75001