

**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