

# Ace Flying Club of Endicott, Inc. Membership Application

**Personal Information**

Name: \_\_\_\_\_  
 Address line 1: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_  
 City, state, zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DL number and state: \_\_\_\_\_

**Employer Information**

Name: \_\_\_\_\_  
 Address line 1: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_  
 City, state, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Flight Instructor**

Name: \_\_\_\_\_  
 Address line 1: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_  
 City, state, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**References**

List names and contact information for two references.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insurance Affirmation**

Do you have an effective pilot certificate? \_\_\_\_\_  
 Do you certify that you will fly club aircraft as PIC only when you meet all FAA certification and currency requirements? \_\_\_\_\_  
 Do you have a current medical certificate? \_\_\_\_\_  
 Do you certify that you will fly club aircraft as PIC only when you have an effective medical certificate? \_\_\_\_\_  
 Within the past 36 months, have you:  
 - had an aircraft accident, incident, or unreported claim? \_\_\_\_\_  
 - had your pilot's license or driver's license surrendered, suspended, or revoked? \_\_\_\_\_  
 - been arrested for or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol? \_\_\_\_\_

**Flying History**

Certificate type (private, commercial, ATP): \_\_\_\_\_  
 Are you instrument-rated? \_\_\_\_\_  
 Other ratings: \_\_\_\_\_  
 \_\_\_\_\_  
 Total hours, all types: \_\_\_\_\_  
 Total hours in PA-28-181: \_\_\_\_\_  
 Hours in last 12 months, all types: \_\_\_\_\_  
 Have you ever been involved in an aircraft accident? \_\_\_\_\_  
 Has your airman certificate ever been suspended or revoked? \_\_\_\_\_  
 If yes to either, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby declare that the above information is true and complete to the best of my knowledge. I hereby authorize the release of my motor vehicle records and credit report to Ace Flying Club of Endicott, Inc. I have read and agree to abide by the [Constitution and By-Laws](#) and [Operating Procedures](#) of Ace Flying Club of Endicott, Inc.

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

Send this application along with a check for **\$200 plus one month's active member dues** to Ace Flying Club of Endicott, Inc., PO Box 5718, Endicott, NY 13763-5718. We will deposit your check if and only if our Board of Directors approves your application.

If you have questions or need assistance, contact the club via e-mail at [aceflyingclub@gmail.com](mailto:aceflyingclub@gmail.com) or see our web page at <http://www.aceflyingclub.com>.