

Number

Dated

NAME:	
MEMBER NUMBER:	
ADDRESS:	
HOME PHONE:	WORK PHONE:
DATE JOINED CLUB:	DATE TERMINATED:

FAA CERTIFICATES

Type

Student

MEDICAL CERTIFICATES

Date

Class

luuciil					
rivate					
ommercial					
TP					
FI					
PROFICIEN	ICY CHECKS	/ ENDORSEM	ENTS		
Acft Type	Club Annual / BFR Date		TT***	Instructor	
	Club Night Check**				
					Notes
					Reason for Termination

Ratings

FORM 2.01.doc 26-Nov-06 Owner: Chief Flight Instructor 1 of 1

^{*}Photcopies of FAA Certificates, current Medical, and State Drivers License, all on same copy page, must be on file in personal folder and Permanent Records folder.

^{**}Night Check required within 60 days of joining Club.

^{***} Enter total pilot time to date."