Pilot Proficiency Record

WINGS OF CAROLINA FLYING CLUB

NAME: ____

MEMBER NUMBER: ____________

ADDRESS: ____

HOME PHONE: _______________ WORK PHONE: ______________

DATE JOINED CLUB: __________DATE TERMINATED:__________

FAA CERTIFICATES

Type	Number	Dated	Ratings
Student			
Private			
Commercial			
ATP			
CFI			

MEDICAL CERTIFICATES

Date	Class

PROFICIENCY CHECKS / ENDORSEMENTS

Acft Type	Club Annual / BFR Date	Instrument Chk Date	TT***	Instructor
	Club Night Check**			

Notes
Reason for Termination

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.*"