Acceptance of Regulations & Membership Application

The undersigned Central Iowa Flying Club, L.L.C. (CIFC) member acknowledges the receipt of the current CIFC Regulations and agrees to be bound by their conditions and provisions and also acknowledges that they have read the Regulations and understands their purpose and intent.

Dated:	Social Security Nu	mber:			
	Print Name:				
Street_					
City:	State	:	Zip:		
Phone: Home:					
E-mail Address: (Print CAF	REFULLY)				
If you have lived at the abov	e address less than one year	, enter previo	us address below:		
Name of Member Sponsoring	a Novy Mambar Application				
1	5 11				
ALL BLANKS MUST BE F					
Type of certificate: Please C	Circle >>(Student , Pvt , Co	mmercial, A'	ГР)		
TOTAL FLIGHT TIME:					
		CFI , CFII , M	EI, Sea)		
TOTAL FLIGHT TIME: Ratings held: Please Circle>: Retractable gear hours:	> (ASEL , AMEL , IFR , O		ŕ		
Ratings held: Please Circle>	> (ASEL , AMEL , IFR , 0Multi-engine Hours:	Hours	in last 90 days:		
Ratings held: Please Circle>	> (ASEL , AMEL , IFR , 0Multi-engine Hours:Medical Exam date:_	Hours	in last 90 days:		
Ratings held: Please Circle> Retractable gear hours: Last flight review date:	> (ASEL , AMEL , IFR , 0Multi-engine Hours:Medical Exam date:_	Hours	in last 90 days:		
Ratings held: Please Circle> Retractable gear hours: Last flight review date: Occupation: Do you have any physical in	> (ASEL , AMEL , IFR , 0Multi-engine Hours:Medical Exam date:_	Hours	in last 90 days:		
Ratings held: Please Circle> Retractable gear hours: Last flight review date: Occupation:	> (ASEL , AMEL , IFR , 0Multi-engine Hours:Medical Exam date:_	Hours	in last 90 days:		
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Ratings held: Please Circle> Retractable gear hours: Last flight review date: Occupation: Do you have any physical in certificate? If yes, Explain Has your pilot certificate every have you had any aircraft ac	> (ASEL , AMEL , IFR , OMulti-engine Hours:Medical Exam date: npairments, waivers or limit er been suspended or revoke cidents? r any violation of FAA Regu	Hours Ations attache d?	in last 90 days: Birth Date: d to your medical		

Joining: (GP 1 \$, GP 2) \$	Dues paid. \$	Total Paid: \$	
(MasterCard/Visa/Ar Expiration Date Billing Address (if di				_
I (Applicant) pre-autl described credit card		reasurer to charge all c	lub charges against my above-	
Applicant's Signature	2		(D	ate)
PLEASE RETURN T	ΓHIS ACKNOWL	EDGEMENT SHEET	TO:	
Central Iowa Flying Marty Hall 609 S. 3 rd St. Indianola, IA 50125	Club L.L.C.			
or				
Scan and email: centr	raliaflyingclub@g	mail.com		

(Phone $\underline{515-710-0120}$ for answers to any questions)