

## 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 understand their purpose and intent.

I additionally confirm I have read Article 5, covering my obligation to provide proof of insurance at the amounts listed. Initials \_\_\_\_\_.

### Applicant Information

Dated: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you have lived at the above address for less than one year, enter your previous address below:

Previous Address: \_\_\_\_\_

Name of Member Sponsoring New Member Application: \_\_\_\_\_

### Pilot Information (All Information Required)

Type of certificate (circle): Student / Pvt / Commercial / ATP

TOTAL FLIGHT TIME: \_\_\_\_\_

Ratings held (circle): ASEL / AMEL / IFR / CFI / CFII / MEI / Sea

Retractable gear hours: \_\_\_\_\_ Multi-engine Hours: \_\_\_\_\_

Hours in last 90 days: \_\_\_\_\_ Last flight review date: \_\_\_\_\_

Medical Exam date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have any physical impairments, waivers, or limitations attached to your medical certificate? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has your pilot certificate ever been suspended or revoked? \_\_\_\_\_

Have you had any aircraft accidents? \_\_\_\_\_

Have you ever been cited for any violation of FAA Regulations? \_\_\_\_\_

Have you ever been convicted or pleaded guilty to drunken driving or a felony? \_\_\_\_\_

(If Yes to any of the above, explain on back of page)

### **Payment Information**

Joining Fee + First Months Dues (\$449 + \$65) = \$514

Credit Card Type (circle): MasterCard / Visa / American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I (Applicant) pre-authorize the CIFIC Treasurer to charge all club charges against my above-described credit card, and monthly authorizations going forward for all charges.

Applicant's Signature: \_\_\_\_\_

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

### **Submission**

PLEASE RETURN THIS ACKNOWLEDGEMENT SHEET TO:

Central Iowa Flying Club L.L.C.

Marty Hall

609 S. 3rd St.

Indianola, IA 50125

or

Scan and email: [centraliaflyingclub@gmail.com](mailto:centraliaflyingclub@gmail.com)

Phone: 515-710-0120 for answers to any questions