

FLYING EDUCATORS, INC.
MEMBERSHIP APPLICATION

All portions of this application must be completed for it to be considered for approval. Please type or print. This application and other required documents should be mailed to Flying Educators, Inc. 2109 NE 19th Ave, Wilton Manors, FL 33305 or emailed to msalzsi@yahoo.com.

Please submit the following items with this application:

1. A copy of your pilot's license.
2. A copy of your current FAA medical certificate.
3. \$90.00 (application fee). Venmo or Check.

Date Submitted: _____ Date of Birth: _____

Name: _____
Last First M.I.

Address: _____
Street City/State Zip

Employer: _____ How Long: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

CERTIFICATES AND RATINGS:

Type: _____ Category: _____
(Rec, Pvt, Comm, ATP) (Airplane, Rotorcraft, Glider, Lighter-than-air)

Class: _____
(SEL, MEL, SES, MES, Helicopter, Gyroplane, Airship, Balloon)

Instrument: _____ CFI: _____ CFII: _____ Pilot Certificate Number: _____
(Y/N) (Y/N) (Y/N)

Accidents: _____ Suspensions: _____ Date Last Medical: _____ Date Last Flight Review: _____
(Y/N) (Y/N)

LOGGED FLIGHT HOURS:

Total Time: _____	AA5B (Tiger) Time: _____
Constant Speed Prop: _____	Retractable Gear: _____
Conventional Gear: _____	Multi-Engine: _____
Rotorcraft: _____	Glider: _____
Seaplane: _____	Lighter-Than-Air: _____

Signature: _____ Date: _____

FOR CLUB USE

Reviewing Club Officers: _____

Date Reviewed: _____ Approved (Y/N): _____ Comments: _____
