

Port City Flyers

Membership Application

Please accept my application for membership into the Port City Flyers, a Division of Williams Metal and Machinery LLC.

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Work Phone _____

Billing Address _____

City _____ State _____ Zip _____

Employer _____

Business Address _____

Position _____

Email Address _____

The undersigned hereby accepts the current operating rules, regulations and by-laws and agrees to be bound by their conditions and provisions and also acknowledges that he or she has been advised of the rules, regulations and by-laws and understands their purposes and intent. (The By-Laws will be given to you in writing at orientation.)

The undersigned further agrees that the monthly dues shall be payable in advance to the treasure, together with any indebtedness incurred or assessments levied during the previous month. Applicants agree that if the payment of such dues, assessments, and indebtedness is not made on or before the 15th day of the month in which they became payable, then all dues, assessment and indebtedness shall become delinquent.

The undersigned hereby agrees to pay for the indebtedness he or she incurs under the operating rules, regulations, and by-laws of the Port City Flyers, a Division of Williams Metal and Machinery, LLC. And waives as to that debt all right of exemption under the Constitution and Laws of the State of Alabama, or any other state and undersigned agrees to pay all cost of collection or securing or attempting to collect or secure the Indebtedness so Incurred, including a reasonable attorney's fee, whether the same be collected by suit or otherwise.

Dated this _____ day of _____ 20_____

Signed _____

Insurance Questionnaire

Have you within the last 36 calendar months:

Been cited by the FAA with a violation of FAR's? __ Yes __ No

Been involved in an aviation accident while acting as Pilot in Command of a civilian General Aviation Aircraft? __ Yes __ No

Been convicted in a court of Law for anything more than minor traffic violations (ex: D.U.I., etc.) __ Yes __ No

NOTE: If "Yes" is answered to any of the above, please use the back of this form to write a complete explanation.

Flight Experience: Pilot Number _____

Date of Last BFR _____ Med. Cert. Class _____ Exp _____

Ratings Held _____

Total Hours to Date _____ Night Hours _____

Cross Country Hours _____ Hrs. Last 12 Mos. _____

Types of A/C Checked Out In:

In an Emergency, Advise _____

Phone _____ Address _____

Personal References (1) _____

(2) _____

Application must be accompanied by copies of licenses (front and back), FAA medical, last Flight Review, etc. If emailed: info@portcityflyers.com

THIS AREA FOR PORT CITY FLYERS USE ONLY

Recommended by _____ Date _____

Board Action _____ Date _____