

Laramie Flying Club, Inc.
P.O. Box 477, Laramie, WY 82073

Membership Application and Agreement Form

This form will serve as an APPLICATION FOR MEMBERSHIP and as a MEMBERSHIP AGREEMENT (Required by Club By-laws).

FULL NAME: _____ PHONE: _____

BUSINESS PHONE: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS STREET OR P.O. BOX: _____ APT.: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

STREET: _____ APT.: _____

CITY: _____ STATE: _____ ZIP: _____

NAME & ADDRESS OF PERSON(S) TO NOTIFY IN AN EMERGENCY

NAME(s) (& relationship): _____

PHONE NUMBER(s): _____

STREET OR P.O. BOX: _____ APT.: _____

CITY: _____ STATE: _____ ZIP: _____

PILOT AND MEDICAL CERTIFICATES

PILOT CERTIFICATE: STUDENT RECREATIONAL SPORT PRIVATE COMMERCIAL ATP

NUMBER: _____ DATE(S) OF ISSUE: _____

LIMITATIONS: _____

CATEGORY: AIRPLANE ROTORCRAFT GLIDER LIGHTER-THAN-AIR

CLASSES (list all, e.g. SEL): _____

TYPE(s): _____

INSTRUCTOR CERTIFICATE: CFI CFII NUMBER: _____ DATE OF ISSUE: _____

MEDICAL CERTIFICATE: CLASS: _____ DATE OF LAST EXAMINATION: _____

LAST BFR: DATE: _____ CFI: _____ # _____

HAS YOUR CERTIFICATE EVER BEEN SUSPENDED: YES NO

MEMBERSHIP AGREEMENT:

I agree to abide by the Laramie Flying Club, Inc. By-laws and Operating Limitations. I understand that I will be considered an active member and will be obligated to pay dues and any accounts due on or before the 15th of the month of billing. I also understand that monthly dues are payable until I request, in writing, that I be removed from the club roster. I certify that the information on this Form is correct.

Name (Print): _____

Signature: _____ Date: _____