

Gateway Flying Club

Membership Application

Personal Information

Desired Membership Class: <input type="checkbox"/> Equity/Shareholder			<input type="checkbox"/> Equity Family Member			<input type="checkbox"/> Associate		
Legal Name:				Date of Birth:				
Street Address:								
City:				State:		Zip:		
Mobile Phone:				Personal Email:				
Employer:				Occupation:				
Work Address:								
City:				State:		Zip:		
Work Phone:				Work Email:				

References (For certificated pilots, at least one who is familiar with your flying skills)

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Pilot Information

Pilot Certificate Number:			Date of Issue:		
Highest Pilot Certificate Held: <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> CFI <input type="checkbox"/> ATP					
Ratings: <input type="checkbox"/> Instrument <input type="checkbox"/> CFII			Endorsements: <input type="checkbox"/> High Performance <input type="checkbox"/> Complex		
Medical Certificate Class: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Basic Med			Date of Issue:		
Date of last rating or flight review:					
Total Pilot Hours:		Pilot-in-Command:		Complex Aircraft:	
Recent Pilot Hours, Last 12 Months:		Last 6 Months:		Last 3 Months:	
Club Type Hours. Cessna 172:		Cessna 177:	Cessna 182:	Piper PA-32Rx:	
Other Aircraft Hours: (Type/Hours)					

Please explain any "Yes" answers in detail below. Answering "yes" many not preclude you from membership but may require additional supporting documentation.

Have you ever had an FAA violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of incident:
Have you ever made a forced landing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of incident:
Have you ever had an aircraft accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of incident:
Explain: (use additional sheets if necessary)		

The above is true and correct to the best of my knowledge.

Prospective Member's Signature / Date

Gateway Flying Club

Membership Application

Financial Responsibility Agreement for Shareholder's Family Member

Date _____

I, _____ a shareholder in Gateway flying Club, Inc., hereby accept full financial responsibility for the flying activities of

_____, a member of my immediate family as defined by the Gateway Bylaws, for any and all obligations and debts incurred by him / her with regard to the Gateway Flying Club, Inc. It is understood that this assumption of financial responsibility shall include not only debts incurred for dual and solo time in the use of the corporation aircraft, but could include charges for damage that he / she may cause to the corporation aircraft in the event of an accident or incident.

Shareholder Signature / Date

President's Signature / Date