

Gateway Flying Club

Membership Application

Personal Information

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

Club Involvement

Why do you want to be a member of Gateway Flying Club?

What kind of flying do you plan to do with Gateway Airplanes?

What other social organizations are you a member of and how are you involved?

(Shareholder Applicants only) Flying is not cheap; aircraft owners sometimes face unexpected expenses. How would you respond if the club assessed each member an extra \$500 this year to accomplish an important goal?

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Pilot Information

Full Legal Name:	Date of Birth:
Highest Pilot Certificate: <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP	
Pilot Certificate Number:	Date of Issue:
Ratings: <input type="checkbox"/> Instrument Endorsements: <input type="checkbox"/> High Performance <input type="checkbox"/> Complex	
Flight Instructor Certificates: <input type="checkbox"/> CFI <input type="checkbox"/> CFII	
Date of Issue:	
Do you want to teach in the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Expires:	
CFI Liability Insurance: Carrier, Policy#, Dates:	
Ground Instructor Certificates: <input type="checkbox"/> BGI <input type="checkbox"/> AGI <input type="checkbox"/> IGI.	
Date of Issue:	
Medical Certificate Class: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Basic Med	
Date Expires:	
Flight Review Activity (Flight Review, Check Ride, Military, ATP)	
Date Expires:	
Pilot Hours: Total Time :	Pilot-in-Command:
Complex (GA Aircraft):	
Recent Pilot Hours: Last 12 Months:	Last 6 Months:
Last 3 Months:	
Club Make/Model Hours. Cessna 172 Skyhawk:	Cessna 177 Cardinal:
Piper PA-32Rx (Lance, Saratoga):	Cessna 182 Skylane:
Other GA Aircraft Hours:	
(Make/Model/Hours)	

Accidents/Incidents/FAA Violations/Impaired Driving

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?	[] Yes [] No	Date of incident:
Have you ever made a forced landing?	[] Yes [] No	Date of incident:
Have you ever had an aircraft accident?	[] Yes [] No	Date of accident:
Have you ever been convicted of DWI/DUI?	[] Yes [] No	Date of incident:

Explain: (use additional sheets if necessary)

The above is true and correct to the best of my knowledge. If accepted, I agree to abide by Gateway Flying Club's Bylaws, Operating Rules and other instructions set forth by the club's Board of Directors.

Prospective Member's Signature / Date

Gateway Flying Club

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Family Member Financial Responsibility Agreement for Shareholder

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 aircraft usage but could include charges for damage or fines for mis-use that he / she may cause.

Shareholder Signature / Date

President's Signature / Date