Grasshopper Flying Club, Inc. Membership Application Form

Please PRINT clearly. Thank you.	Last current FAA medical date:
I am applying for: Full membership or Student Membership	Most recent biennial date:
My name EXACTLY AS SHOWN ON MY FAA CERTIFICATE:	Have you ever had an FAA or NTSB investigation or had a reportable aircraft incident or accident?
	If yes, attach a separate sheet with a complete explanation.
Date of birth (MM/DD/YY):/	Drivers license # State:
Address	Have you ever had a traffic infraction, violation,
CityStateZip	misdemeanor, or felony (speeding, DWI, DUI, etc.)? If yes, provide a separate sheet with a complete explanation
Home Phone	Please enter hours for each category:
Work Phone	Tail wheel:
E-mail address	Constant Speed:
	Retractable Gear: Sea:
How many years have you lived in New York State?	Pressurized:
The family members listed below are eligible for	Glider: Turbine Engine:
associate membership as flying members. Please indicate if you wish such persons to be considered for	Rotor Craft:
associate member status:	Tatallianna
Spouse's NameAgeAssociate	Total Hours:
·	Total DIC Haven
Children's NmaeAgeAssociate	Total PIC Hours: Total Instrument Hours:
Children's NameAgeAssociate	PIC C152: PIC C172: PIC C182:
My Occupation	I have received and I have read and agree to be bound by the rules set forth in the Grasshopper Flying Club, Inc.
Employer	Bylaws and Operating Procedures and I agree to operate the
	Club aircraft in accordance with all applicable governmental laws and regulations and all club procedures. I acknowledge
Have you ever been a member of a flying club?	that failure to do so is grounds for immediate revocation of
If yes, which one(s)	fling privileges and possible subsequent expulsion from the Club. I certify that the information presented on this
Special Skills	application is correct and accurate and that intentional
(A&P, legal CPA, CFI, etc.)	falsification is grounds for expulsion from the Club.
References from fellow pilots:	I hereby authorize the Grasshopper Flying Club, Inc. to
Name Phone	obtain copies of my Department of Motor Vehicles (or other appropriate agency) driving record and my complete FAA file
Name Phone	Signature of Applicant Date
Flying information:	
Pilot Certificate Number	
FAA licenses held	