



Office Use Only

Classification	
Regular <input type="checkbox"/>	Associate <input type="checkbox"/>
Social <input type="checkbox"/>	
Date Accepted	_____
Membership Number	_____

Please Return to:  
P.O. Box 13952  
Grand Forks, ND 58208-3952

## Membership Application

### Personal Information

Name					Date
Local Address	City	State	Zip Code	Phone	
Permanent Address	City	State	Zip Code	Phone	
Business Address	City	State	Zip Code	Phone	
Parent or Guardian Name	City	State	Phone		
Date of Birth	Occupation	Citizenship	Military Rank	Branch	Social Security Number

### Certificates and Ratings

Medical Certificate Class    Date    Examiner			Pilot Certificate Number		
Flight Limitations or Restrictions			Date Received		
Waivers			Certificate Suspension or Revocation? <input type="checkbox"/> No <input type="checkbox"/> Yes...please explain on back page		
Total Time	Dual	Received	Dual Given	Multi-Engine	
Please Check All Appropriate Boxes					
<input type="checkbox"/> Student	<input type="checkbox"/> Commercial	<input type="checkbox"/> CFI	<input type="checkbox"/> High-Performance Endorsement		
<input type="checkbox"/> Recreational	<input type="checkbox"/> Instrument	<input type="checkbox"/> CFII	<input type="checkbox"/> Tailwheel Endorsement		
<input type="checkbox"/> Private	<input type="checkbox"/> Multi-Engine	<input type="checkbox"/> MEI	<input type="checkbox"/> Seaplane		
	<input type="checkbox"/> ATP		<input type="checkbox"/> FCC Operators Permit		
Have you ever had an accident?					
<input type="checkbox"/> No <input type="checkbox"/> Yes...please explain on back page					
Have you been convicted of any motor vehicle violations involving alcohol or drugs within the last 3 years?					
<input type="checkbox"/> No <input type="checkbox"/> Yes...please explain on back page					

### Flight Training Data

Please list aircraft flown and approximate hours in each.	
Where was flight training received?	Names of instructors from the last 5 years?

Credit References

Please list two credit references name and address. (Bank, Credit Card, etc.)

Applicant Authorization

I hereby authorize the individuals or organizations I have listed as flying and credit references in this application to release any information requested by the Nodak Flying Club, Inc. and its officers. Further, I authorize the Nodak Flying Club, Inc. to use the information received for membership purposes only. I understand that information released by the listed flying and credit references may be used as grounds to refuse the applicant membership in the club. The information contained in th \_\_\_\_\_ is application for membership is voluntary and will be used for positive identification purposes and credit purposes. Failure to include all information may result in non-acceptance for membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Oath of Applicant

I hereby make application for membership in the Nodak Flying Club, Inc.; agree to abide by the club constitution, By-Laws, and such rules and regulations as may be promulgated, and to inform myself of the same; agree to pay all legal and collection expenses in the event I should default my financial responsibilities; certify that the above statements made by me on this application are true. Falsification of any information in this application may be grounds for refusal or suspension of membershi P in the Nodak Flying Club, Inc..

I further acknowledge receipt of the current Nodak Flying Club, Inc. Constitution and By-Laws, Operating Rules and Regulations and agree to be bound by their conditions and provisions and also acknowledge that I have read them and understand their purpose and intent.

I further understand that until my application for membership has been accepted by the Board of Directors, I am not a member of Nodak Flying Club, Inc. and I am not entitled to schedule or fly Nodak F lying Club aircraft. In addition, should I be suspended or dropped from membership for nonpayment of dues or flying fees, I understand that all privileges and rights are terminated at that time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Additional Information

Empty box for additional information.

Application Acceptance

Recommended by \_\_\_\_\_ Date \_\_\_\_\_

Accepted by \_\_\_\_\_ Date \_\_\_\_\_