

# WISCONSIN FOX RIVER FLYERS, INC. MEMBERSHIP APPLICATION FORM

Applicant's Name \_\_\_\_\_  
   Last    Middle Initial    First

Address \_\_\_\_\_  
   Street    City    State    Zip

Phone: \_\_\_\_\_  
   Home    Work    Cell    Fax

Email \_\_\_\_\_ Birth date \_\_\_\_\_

Employer \_\_\_\_\_ Pilot Certificate Number \_\_\_\_\_

## Currency Certificates and Ratings

<input type="checkbox"/>	Private	<input type="checkbox"/>	Airplane
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Helicopter
<input type="checkbox"/>	ATP	<input type="checkbox"/>	Single engine Land / Sea (circle one or both)
<input type="checkbox"/>	Instrument Rating	<input type="checkbox"/>	Multi Engine Land / Sea (circle one or both)
Answer below – Have you ever:		Driver license # _____	
Y / N	Convicted of DWI?	Date of last BFR _____	
Y / N	Airman cert. Suspended or revoked?	Date of last Medical _____	
Y / N	Medical suspended or revoked?	Class of last Medical _____	

If you answered yes to any of the previous questions, please indicate date of revocation/suspension and current status: \_\_\_\_\_

Current Pilot Experience as of \_\_\_\_\_ (date)

Total Time PIC: \_\_\_\_\_ Total Time All Aircraft \_\_\_\_\_

Total Time PA-28-235: \_\_\_\_\_ Total Time Cessna 172 \_\_\_\_\_

I, the undersigned, do hereby apply for membership in the Wisconsin Fox River Flyers, Inc. flying club. I understand that the Club is a non-profit/non-stock corporation under the laws of the State of Wisconsin. I understand that I will receive a copy of the current by-laws and operation rules of the corporation, and I agree to read, understand and adhere to and be governed by them while exercising my privileges as a member. I also understand that if Club aircraft are flown or operated by me, or are permitted to be flown or operated by me, either on the ground or in the air, in violation of Federal Air Regulations or in violation of the Club rules of operation, I shall forfeit my privileges as a member of the Club: also, that I operate aircraft owned or controlled by the Club without personal liability to the Club or to its members. And that any passengers carried, while I am in command of Club aircraft, shall at no time be at the risk of the Club or members thereof.

I hereby authorize investigation without liability, of all statements contained in this application and I authorize the Wisconsin Fox River Flyers, Inc. flying club operations officer to request a copy of my flight records from the Airmen's Certifications branch of the FAA Aeronautical Center.

Please complete this form, sign, date, and return it to Jim Zahorik at the following address  
 Wisconsin Fox River Flyers Inc c/o Jim Zahorik  
 1948 West Shore Dr  
 Delafield, WI 53018 (or membership@foxriverflyers.net)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_