

HALF MOON BAY FLYING CLUB

Name:	
Address:	
Home Phone:	
Cell Phone (optional):	
Email address:	
Rating (Student, PVT, COM, ATP, CFI):	
Date of rating:	
Approximate hours:	
Date of Biennial:	
Medical Class:	
Date of Medical:	
Emergency Contact:	
Address	
Phone	
Signature:	Date:
<i>The applicant submitting this application will be a member of the Club upon completion of this form and its submission to a Club CFI or member of the Board of Directors (BOD). In order to retain membership in the Club, the applicant must submit payment of the non-refundable, initiation fee of \$85 within 30 days of the initial submittal of this form and be approved for membership by the BOD.</i>	
<i>The information on the application shall not be disclosed outside of the Club (unless required by law).</i>	