

Section 1 - Personal Information											
Full Name (First, MI, Last) :											
Street Address :											
City:				State:			ZIP:				
Cell Phone :					Secondary Phone :						
E-mail Address :											
Birth Date (MM/DD/YYYY) :				Driver's Lic. No. / State:							
Citizenship :				Visa Status if Non US Citizen :							
Section 2 - Pilot Information											
Pilot Certificate Type (Tick) :		Student	<input type="checkbox"/>	Private	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	ATP	<input type="checkbox"/>	CFI	<input type="checkbox"/>
Current Ratings (Tick) :		Complex	<input type="checkbox"/>	High Perf	<input type="checkbox"/>	Instrument	<input type="checkbox"/>	Multi	<input type="checkbox"/>		<input type="checkbox"/>
Total Hours :		PIC :		Complex :		Instrument :		Multi :			
Flight Review Expiration (MM/DD/YYYY) :											
FAA Medical Certificate Class & Expiration (MM/DD/YYYY) :											
Sponsoring CFI or Referring Member, if any (First, Last) :											
Section 3 - Disclosures											
Have you ever been (provide written explanation for all questions answered 'YES') :											
1. Involved in an aircraft accident?			Y / N			2. Convicted of drug or alcohol offenses?			Y / N		
3. Declined aircraft insurance?			Y / N			4. Moving violations in thr last 3 years?			Y / N		
5. Penalized or disciplined for violating any FAA regulations?						Y / N					
6. Suspended or denied membership from any flying club?						Y / N					
7. Are you flying with any waivers (medical or otherwise)?						Y / N					
Note: All dues are automatically billed monthly											
Waiver(s) or Other Explantion(s)											
Section 4 - Emergency Contact											
Name :					Relationship :						
Street Address:				City :		State :		Zip :			
Section 5 - Billing Information											
Name (First, MI, Last) :											
Billing Address :				City :		State :		Zip :			
Bank Name :											
Credit Card Type (tick) :		Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Discover	<input type="checkbox"/>	Amex	<input type="checkbox"/>		
Credit Card Number :											
Expiration Date :				CCV Number :							
I hearby authorize my bank or credit/debit card company to make monthly payments to Fly San Diego Flying Club and post it to my account as per section B. I also authorize my bank or credit/debit card company to make payments for possible collections for errors or non-payments of flights to Fly San Diego Flying Club and post it to my account.											
Signed (card holder) :					Date :						