

TAMU Flying Club MEMBERSHIP APPLICATION FORM

FMS Number

Instructions to prospective members: please complete all sections!

Date: _____

Contact information

Dr. Lic. (No & State): _____

Name: _____

Date of birth: _____

Local address: _____

TAMU student TAMU former student

City: _____ ST: _____ Zip: _____

TAMU faculty No TAMU affiliation

Permanent address: _____

TAMU staff

City: _____ ST: _____ Zip: _____

In an emergency contact:

Phone: _____ Cell: _____

Name: _____

Email: _____

Phone: _____

Relationship: _____

Billing Information

NOTE: Initial FMS fee of \$25 will be charged to credit card on receipt of application

Credit card number (req'd) _____

Expires: _____

Name as it appears on credit card _____

Billing zip code: _____

I understand that any Club charges over **30 days** past due will automatically be billed to this card, along with applicable late fees. Initial: _____

Bill automatically (strongly preferred)

Will pay online

Will pay promptly by check

Pilot Experience

FAA certificates and ratings _____

Pilot certificate number _____

Date/class of last medical: _____

Instructor certificate number _____

Date of last BFR or checkride: _____

Membership coordinator initial here to verify above documents _____

Any reported accidents or incidents?

Any FAA enforcement actions?

Referred by member: _____

Records officer: Date and initial entry into club records

Place completed form in documents file tray