## Mentone Flying Club, Inc. Membership Application



Type of Application:		☐ Owner Member				☐ Social Member		
General Information								
Name:		Date of Birth:		h:	Social Security Number:			
Street:		Apt#:				City:		
State:	Zip:	Phone:		1	E-M	Iail Addı	ress	
Marriage Status:	e  Separated / Divorced If Marri			f Married, S	ied, Spouse's Name:			
Nearest Relative:	Address:							
Employer Information Employer:	Address:							
Phone:								
Phone:		Supervisor:						
Pilot Information								
Flying Hours:	Certificate #:			BFI	BFR Due:			
Medical Due:		Certificates:			Rat	Ratings:		
Class of Medical: $\Box 1^{st} \Box 2^{nd} \Box 3^{rd}$			_					
Credit References (see								
<u>Institution</u>		Type of Account			Phone# and Point of Contact			
Mentone Flying Club I	References				Business Re	eferences		
1.			1.					
2.		2.						
3.	3.							
Mentone Flying Club, In least 30 days) before sai							be a Social Member (for at	
Mentone Flying Club, In		oted in as a Owner wi	icilioci	, by a m	ajonty vote	oi Active	Cowner Memoers of	
Declaration: I (please p							nt the truth and accuracy of	
the for going informatio Inc.	n and agree to abide	by the constitution, b	oy-law	s, FAR's	s, and operat	ional rul	es of Mentone Flying Club,	
						Б.		
Signature:					Date:			
Applicant Approved B	y (For Office Use O							
BOD 1:		BOD 2:			BOI	D 3:		
Owner Certificate #:			Date Issued:					

## PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

To: Co	oncerned Persons or Authorized Representative of Any Organization
l,	Sex (M) (F), Date of Birth
Social Sec	urity NumberDriver's License Number,
and/or red well as find document	Ily request and authorize you to furnish the Mentone Flying Club any and all information cords you have concerning, but not limited to, my work, school, military service, reputation, as ancial and credit status. I hereby request you release, if requested, copies of all of the s. This information is to be used to assist the Mentone Flying Club in completing a background its confidential use.
-	elease you, your organization, or any others involved, from any liability or damage which may n furnishing the information requested.
(signature	Date Signed of applicant)