

# Mentone Flying Club, Inc. Membership Application



Type of Application:	<input type="checkbox"/> Owner Member	<input type="checkbox"/> Social Member
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### General Information

Name:		Date of Birth:	Social Security Number:
Street:		Apt#:	City:
State:	Zip:	Phone:	E-Mail Address
Marriage Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced			If Married, Spouse's Name:
Nearest Relative:		Address:	

### Employer Information

Employer:	Address:
Phone:	Supervisor:

### Pilot Information

Flying Hours:	Certificate #:	BFR Due:
Medical Due:	Certificates:	Ratings:
Class of Medical: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>		

### Credit References (see attached credit check authorization form)

<u>Institution</u>	<u>Type of Account</u>	<u>Phone# and Point of Contact</u>

### Mentone Flying Club References

### Business References

1.	1.
2.	2.
3.	3.

Mentone Flying Club, Inc. by-laws (see page 7, Article 14, Section 10 and 11) require an applicant to be a Social Member (for at least 30 days) before said applicant can be voted in as a Owner Member, by a majority vote of Active Owner Members of Mentone Flying Club, Inc.

Declaration: I (please print your name) \_\_\_\_\_ warrant the truth and accuracy of the for going information and agree to abide by the constitution, by-laws, FAR's, and operational rules of Mentone Flying Club, Inc.

Signature:	Date:
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### Applicant Approved By (For Office Use Only)

BOD 1:	BOD 2:	BOD 3:
Owner Certificate #:		Date Issued:

**PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION**

To: Concerned Persons or Authorized Representative of Any Organization

I, \_\_\_\_\_ Sex (M) (F), Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_,

Respectfully request and authorize you to furnish the Mentone Flying Club any and all information and/or records you have concerning, but not limited to, my work, school, military service, reputation, as well as financial and credit status. I hereby request you release, if requested, copies of all of the documents. This information is to be used to assist the Mentone Flying Club in completing a background history for its confidential use.

I hereby release you, your organization, or any others involved, from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
(signature of applicant)

Date Signed \_\_\_\_\_

**Mentone Flying Club, Inc.**  
**Parent or Guardian**  
**Financial Responsibility Agreement**



\_\_\_\_\_ Date

We, the undersigned, as the parents or legal guardians of: \_\_\_\_\_  
\_\_\_\_\_, a minor, hereby accept full financial responsibility for said minor  
for any and all obligations and debts incurred by him / her with regard to the Mentone  
Flying Club, Inc., until his / her twenty-first (21<sup>st</sup>) birthday, in the event that he / she is  
accepted as a member of the Mentone Flying Club, Inc.

His / Her twenty-first (21<sup>st</sup>) birthday is on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

It is understood that this assumption of financial responsibility shall include not only  
debts incurred for dual and solo time in the use of the corporation aircraft, but could  
include up to the full deductible of the Mentone Flying Club insurance that is in effect.

\_\_\_\_\_  
Mother / Guardian Printed Name

\_\_\_\_\_  
Father / Guardian Printed Name

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Father / Guardian Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Notary Public