

TEXARKANA FLYING CLUB INC.



PARTNERS IN GENERAL AVIATION

MEMBERSHIP APPLICATION

MEMBERSHIP CLASS REQUESTED: FULL _____ FAMILY _____ STUDENT _____ LIMITED _____

NAME _____ BIRTH DATE _____

ADDRESS _____ HOME PHONE _____

CITY _____ WORK PHONE _____ CELL/PAGER _____

STATE _____ ZIP _____ SOC. SEC. NO. _____

OCCUPATION _____ DL NO. _____

EMPLOYER _____ HOW LONG? _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ (required for on-line scheduling)

PILOT HISTORY: LICENSE:

ATP _____ COMM _____ PVT _____ STUDENT _____ NONE _____

RATINGS:

INSTRUMENT _____ CFI _____ CFII _____ MEI _____ OTHER _____

FAA MEDICAL (MO/YR) _____ DATE LAST BFR _____

ASEL _____ RETRACT _____ MULTI _____ JET _____ OTHER _____

TOTAL HOURS _____ HRS AS PIC _____ HRS LAST 12 MONTHS _____

Have you ever had an aircraft accident or incident, damaged an airplane; or been cited for a violation of the Federal Air Regulations, had your pilot's license surrendered, suspended, or revoked; or been arrested for, or charged with, operating an aircraft or motor vehicle under the influence of drugs or alcohol? _____

IF "YES", PLEASE ATTACH AN EXPLANATION.

PLEASE LIST TWO PERSONAL CHARACTER REFERENCES:

NAME	ADDRESS	PHONE	YRS. KNOWN
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IF YOU HAVE BEEN ENDORSED BY A CLUB MEMBER, STATE HIS/HER NAME.

ATTACH TO THIS APPLICATION A COPY OF YOUR PILOT CERTIFICATE, YOUR CURRENT MEDICAL CERTIFICATE, THE LAST PAGE OF YOUR LOG BOOK, AND MAKE YOUR CHECK PAYABLE TO: "TEXARKANA FLYING CLUB INC." IN THE AMOUNT OF: \$625 for Full Membership Applications or \$315 for Student Membership Applications - Cherokee 140 aircraft only (student pilots only).

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HAVE YOU EVER BEEN A MEMBER OF A FLYING CLUB? _____ IF "YES" STATE NAME OF CLUB AND NAME, ADDRESS & PHONE OF CLUB OFFICER WE MAY CONTACT.

STATE NAME, ADDRESS AND PHONE WHERE YOU HAVE RENTED AIRPLANES.

HOW DID YOU FIRST HEAR ABOUT TEXARKANA FLYING CLUB?

PLEASE PROVIDE TWO FINANCIAL REFERENCES (required):

BANK NAME	BANK OFFICER	PHONE	ACCOUNT NUMBER
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CREDIT CARD: (Visa, MasterCard, or American Express)

NAME (AS IT APPEARS ON CARD)	TYPE	EXP. DATE	ACCOUNT NUMBER
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Please read and initial (on the line provided) your understanding and agreement of each of the following:

Club Flight Status Requirements:

- _____ Member must be of active status and in good standing (no debts to the Club in arrears).
- _____ Member must have logged flight time within the past 90 days or had a Club check ride with the Club instructor before flying any Club aircraft.
- _____ Member must meet the insurance and Club imposed qualification criteria for the aircraft to be flown (Section 2.0 of "Club Operating Policies & Procedures").
- _____ Member must have a current completed questionnaire (Appendix C of "Club Operating Policies & Procedures"), reviewed and signed by a Club check-out instructor, on file with the Safety and Training Officer for each aircraft of intended operation.
- _____ Member must successfully complete an initial Club check ride, in each aircraft of interest with a Club check-out instructor prior to making flights as pilot-in-command in that aircraft.
- _____ Member must understand FAR currency requirements apply to all Club airplanes. Additionally, to fly a complex or high performance airplane member must have, in the past 90 days, either flown the airplane or had a Club check ride in the airplane.
- _____ Member must successfully complete a Club check ride in the highest category and class of interest, logged as such in member's logbook, administered by a Club check-out instructor, within the past twenty-four months.
- _____ Member must inform the Safety and Training Officer of each Club check ride, change in license class or rating, each medical certificate renewal, or any other change which affects flight status.

Indemnity of Directors and Officers:

- _____ I and/or my subsequent heirs agree to indemnify and hold harmless the directors, Secretary, Treasurer and other officers and each of them and each of their heirs, executors and administrators shall be indemnified and saved harmless out of the assets and profits (if any) of the Corporation from and against all actions, costs, charges, losses, damages and expenses which they or any of them, their or any of their heirs, executors or administrators shall or may incur or sustain by, or by reason of, any act done, concurred in or omitted in or about the execution of their duties in their respective offices except such (if any) as they shall incur or sustain by or through their own willful neglect or default respectively.

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Flight Instructors, etc:

- _____ I understand Texarkana Flying Club is a non-profit, volunteer run organization and as such, has no employees, paid or unpaid. Furthermore, I understand any arrangements, contracts, etc. I may have with flight instructors, etc. is between me and said individual(s). Also, I understand approval of flight instructors to instruct in Club aircraft in no way endorses said individual's instruction ability or individual's competency, fitness or legality to provide said instruction.
- _____ I understand it is my responsibility to be aware of, understand, document and fulfill all FAA, Insurance and Club requirements before operating any Club aircraft. Furthermore, I understand my failure to fulfill and document these requirements may leave me personally liable should I become involved in an aircraft accident or incident.
- _____ I understand as "pilot-in-command" it is my responsibility to ensure each Club aircraft is appropriately maintained and is in air-worthy condition prior to each flight.

COMMENTS: _____

I declare and affirm I have read and understand Texarkana Flying Club Inc. ("TFC") Bylaws and TFC Operating Policies and Procedures. Furthermore I affirm the information supplied by me on this form is true and correct and I will abide by the bylaws, operating policies and procedures and any decision of the Board of Directors of Texarkana Flying Club Inc. I agree to pay for all goods and services charged to my TFC account by the 10th of each month. I further agree if full payment on my account is not received by TFC before the 15th of each month, TFC may charge the entire past due balance of my account to the credit card listed above. I understand that failure to pay for all goods and services, as requested, will subject me to immediate suspension or revocation of my membership, as well as any collection action that TFC deems appropriate. TFC is authorized to check my credit, employment and flying history and to answer questions about TFC's credit and flying experience with me. I further understand that TFC may revoke my membership should I fail to comply with TFC's directives, operating policies and procedures or any subsequent, duly approved, operating policies and procedures as they are published from time to time.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR CLUB USE ONLY

DATE RECEIVED: _____ BOARD REVIEW DATE _____

ACTION OF THE BOARD:(INCLUDE REASON IF NEGATIVE) _____

INITIATION DATE: _____ FEE PD.: _____ DIRECTOR'S SIGNATURE.: _____