HALF MOON BAY FLYING CLUB

Name:	
Address:	
Nationality (if not U.S. Citizen)	
Home Phone:	
Cell Phone (optional):	
Email address:	
Rating (Student, PVT, COM, ATP, CFI):	
Date of rating:	
Approximate hours:	
Date of Biennial:	
Medical Class:	
Date of Medical:	
Emergency Contact:	
Address	
Phone	
Signature: **Date:**	

The applicant submitting this application will be a member of the Club upon completion of this form and its submission to a Club CFI or member of the Board of Directors (BOD). In order to retain membership in the Club, the applicant must submit payment of the non-refundable, initiation fee of $85 within 30 days of the initial submittal of this form and be approved for membership by the BOD.

The information on the application shall not be disclosed outside of the Club (unless required by law).