

**Chesapeake Sport Pilot Flying Club
Membership Application/Renewal
(Must fill out completely)**

DATE: _____

NAME: _____ BIRTH DATE: _____
Last First M.I.

ADDRESS: _____

City _____ State _____ Zip: _____

WORK PHONE: _____ HOME PHONE: _____

CELL NUMBER: _____ E-MAIL ADDRESS: _____

OCCUPATION: _____

MEDICAL: CLASS (I, II, or III) ___ DATE OF LAST MEDICAL: _____ Driver's license Date: _____

FAA PILOT CERTIFICATE NUMBER: _____ Driver's License Number: _____

Check one CLASS: Sport Pilot ___ Private ___ Commercial ___ ATP _____

Check all that apply RATINGS: ASEL ___ ASES ___ AMEL ___ Instrument ___ CFI-ASE ___
CFI-AME ___ CFI-Instruments ___ CFI expiration date: _____

DATE OF LAST FLIGHT REVIEW, OR LAST RATING (if less than two years ago): _____

FLIGHT EXPERIENCE:

TOTAL TIME: _____ HOURS TOTAL TIME, LAST 90 DAYS: _____ HOURS

TOTAL RETRACTABLE GEAR: _____ HOURS TOTAL CONSTANT SPEED PROP: _____ HOURS

TOTAL TIME in EACH IN Chesapeake Sport Pilot Aircraft:

Aircraft _____ Hours _____ Aircraft _____ Hours _____

Aircraft _____ Hours _____ Aircraft _____ Hours _____

FAA Flight Proficiency Wings (Enter highest phase completed): _____

Expected Percent Use of Aircraft: Weekend ___ Weekday ___ Local Flights ___ Cross Country ___
Training for Additional Ratings ___

Answers to the following questions are required by our aircraft insurance company (Explain any YES answers on back)

WITHIN THE PAST THREE (3) YEARS HAVE YOU:

A. HAD AN AIRCRAFT ACCIDENT, INCIDENT, OR UNREPORTED CLAIM? Y _____ N _____

B. HAD YOUR PILOT'S OR DRIVER'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? Y _____ N _____

C. BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR OTHER THAN PARKING VIOLATIONS? Y _____ N _____

Explain any Y answers to A through C above:

Describe any experience, training, or expertise that you are willing to contribute to the Club below:

Certification:

I certify that all entries above are true.

In consideration of the benefits of club membership, I agree to follow and be bound by all of the club's rules and regulations, as they may be amended from time to time, and I will indemnify the club against any loss or damage resulting from my failure to do so.

I understand that I am subject to immediate dismissal from the Chesapeake Sport Pilot Flying Club in any information submitted herein is later determined to be false.

I understand that Chesapeake Sport Pilot Flying Club will use legal means to verify information I have submitted.

Sign above to acknowledge your agreement

Applications will be considered in the order received.

Return application to:

Chesapeake Sport Pilot Flying Club
210 Airport Road, Stevensville, MD 21666

Enclose a check for \$130.00 made out to CSP Flying Club. Application fee is refundable on withdrawing the application, membership denied, or resigning from the Club.