

# Pinellas Pilots Association

## Membership Application

Full Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Spouse \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 e-mail \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Occupation \_\_\_\_\_ SS # \_\_\_\_\_  
 Employer \_\_\_\_\_ Since: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

How were you referred to the PPA? \_\_\_\_\_

Two personal references that can vogue for your character and your credit worthiness:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	(____) ____ - _____	_____
_____	(____) ____ - _____	_____

Student Pilot ( )      Licensed Pilot ( )      Sponsored Membership ( )

Ratings \_\_\_\_\_ Flight limitations \_\_\_\_\_

Date 1<sup>st</sup> license issued: \_\_\_\_\_ Medical Class & issue date: \_\_\_\_\_

Biennial date: \_\_\_\_\_ Instructor \_\_\_\_\_

Last FAA flight exam: \_\_\_\_\_ Examiner: \_\_\_\_\_

<u>Aircraft type</u>	<u>Total Hrs.</u>	<u>Last 90 days</u>	<u>Last 12 mths</u>	<u>12 mth local</u>	<u>Estimated X/C</u>
Cessna 152	_____	_____	_____	_____	_____
Cessna 172	_____	_____	_____	_____	_____
Piper 181	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

Total Hrs all types: \_\_\_\_\_ Instrument: \_\_\_\_\_ R/G: \_\_\_\_\_

Flight Instructors name and date last flow with them. Students list intended instructor.

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Do you expect you might ever fly the PPA airplane outside the US? Y / N  
Have you even been involved in an aircraft accident? Y / N  
Have you even been accused of an FAR violation? Y / N  
Have you even been denied aviation insurance? Y / N  
Have you even been denied an FAA medical certificate? Y / N  
Has your driver's license been suspended, revoked, or have you been involved in any automobile accidents during the last 5 years? Y / N  
Were you ever arrested for disorderly conduct, driving under the influence, of alcohol or drugs, or for illegal possession of drugs? Y / N  
Have you ever been convicted of any other type of criminal offense? Y / N

Why would you like to join the PPA? \_\_\_\_\_  
\_\_\_\_\_

What advanced ratings might you pursue? \_\_\_\_\_  
\_\_\_\_\_

I hereby understand the PPA is a not for profit organization and to hold the flying costs to the lowest possible cost to me, I will do my part in maintaining a clean aircraft fleet. I will treat it like my own because it is. I will adhere to all parts of the FAR's and PPA by-laws and understand that any violation of either the FAR's or the PPA by-laws may result in my immediate release from PPA; if so moved by the Board of Directors.

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

I affirm that the statements made on this application are true and complete and I authorize PPA to request and obtain verification of any of the information herein requested. I have received a copy a, read and understand all parts of the constitution and by-laws pertaining to the Pinellas Pilots Association.

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

\_\_\_\_\_ (Board use only below this line) \_\_\_\_\_

License ( )      Medical ( )      Biennial ( )      Application ( )

Fees: \_\_\_\_\_ References: \_\_\_\_\_ Orientation: \_\_\_\_\_