

# WESTERN NEW YORK FLYING CLUB, INC.

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Member Number \_\_\_\_\_

How did you hear about the W.N.Y.F.C.? \_\_\_\_\_

If not stated above, are you acquainted with any of the club members? If so whom? \_\_\_\_\_

### AVIATION BACKGROUND

**Licenses held** Private \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date \_\_\_\_\_  
Commercial \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date \_\_\_\_\_  
Instructor \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date \_\_\_\_\_  
Other \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date \_\_\_\_\_

**Ratings and Hours** Total hours \_\_\_\_\_ (fill in approx. hours below)  
ASEL \_\_\_\_\_ Multi-engine \_\_\_\_\_ Instrument \_\_\_\_\_ Seaplane \_\_\_\_\_ Glider \_\_\_\_\_  
High wing (est.) \_\_\_\_\_ Low wing (est.) \_\_\_\_\_ Tailwheel \_\_\_\_\_  
Estimated hours flown in the past 12 months \_\_\_\_\_ Date of last Biennial Flight Review \_\_\_\_\_  
**Students only** Logged hours: dual \_\_\_\_\_ solo \_\_\_\_\_ Type of plane \_\_\_\_\_

### **Medical information: Pilots & Student Pilots**

Class of medical \_\_\_\_\_ Date of exam \_\_\_\_\_  
Description on certificate: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
Limitation on certificate (if any stated) \_\_\_\_\_

### **Membership Fee**

\$600.00 General Membership - minimum rating: Private Pilot – entitles full use of all club aircraft that you are qualified and certified to operate.

Students may elect to pay \$350.00 with application and the remaining balance (\$250.00) upon completion of pilot training (receipt of your F.A.A. issued license). Note: Students are limited to club owned aircraft. Currently, only our Cessna 172 Skyhawk or our Piper Cherokee 140 can be used by student members.

### **Monthly Fees**

**Active flying status:** \$44.00 This fee is reported on your statement as General Operating Allowance (GOA)

**Insurance:** currently \$50.00 Note: Cost of insurance is divided equally among all active members and can vary.

One of our objectives as a club is to operate at a minimum cost. This is attained by the membership performing many tasks, such as supervised aircraft maintenance and building maintenance, etc. Please indicate by checking your areas of interest:

Aircraft grooming (washing, waxing, etc.) \_\_\_\_\_ Aircraft maintenance (technical) \_\_\_\_\_  
Hangar and clubhouse maintenance..... \_\_\_\_\_ Various committees..... \_\_\_\_\_

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Name \_\_\_\_\_ Member Number \_\_\_\_\_

Present address \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Previous address (if above address is less than 3 years)  
\_\_\_\_\_

Phone numbers: Residence \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth \_\_\_\_\_

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ How long employed? \_\_\_\_\_

Nearest relative (not living with you): \_\_\_\_\_

Address: \_\_\_\_\_

### **Character references:**

Give the names of two persons not related to you, whom you have known at least one year:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

# WESTERN NEW YORK FLYING CLUB, INC.

## MEMBERSHIP AGREEMENT

Name \_\_\_\_\_

Member Number \_\_\_\_\_

1. By making application for membership in the Western New York Flying Club, Inc., I acknowledge that I am familiar with the By-laws and Operating Rules of the Club. I represent that I have read and understand the By-laws and Operating Rules and by signing this agreement. I agree with them as they are written.
2. I understand that failure to comply with the By-laws and Operating Rules can result in suspension of my privileges of membership and/or termination of my membership. It is my understanding that in the event of termination of membership or non-election to membership after my probationary period that I am obligated to pay to the Club any amount accrued for dues, flying time, damage to aircraft or other obligations to the Club.
3. I agree to inform the Board of Directors, if elected to membership, and during my probationary period of any change in my pilot certificate and/or medical status.
4. It is my understanding that the aircraft owned by the Western New York Flying Club, Inc. are owned and operated by an organization whose members are engaged in the sport and avocation of flying aircraft. It is understood that no member of the Club assumes any obligation to me, whether as an officer or in any other capacity, with respect to the condition, state of maintenance, airworthiness or any other matter relating to any aircraft owned or used by the Club. I agree to accept full personal responsibility for any aircraft in which I fly, whether as pilot or passenger.
5. I understand that my acceptance for membership in the Western New York Flying Club, Inc. requires a unanimous vote of the Board of Directors after a probationary period of not less than 90 days from the date of this application. I understand that election to membership in the Club is a privilege, which may be denied to me for any reason and that the Board of Directors shall not be required to inform me of the reasons for my acceptance or non-acceptance.
6. I agree to examine and inspect any aircraft prior to engaging in flying, for the purpose of determining to my satisfaction the matters referred to in Paragraph 4 above.
7. I understand and agree that the flying of aircraft is an inherently dangerous endeavor and hereby absolve the Western New York Flying Club, Inc. and all of its members, officers and directors from any and all liability for any injury to my person or property (or the persons or property of any passengers) which may occur through the use or operation of any aircraft owned or operated by the Western New York Flying Club, Inc.
8. I understand that the hand propping of an aircraft to start the engine is an especially dangerous endeavor and agree to similarly absolve the Western New York Flying Club, Inc., its members, officers and directors from any and all liability for any injury to my person or property (or the persons or property of any passengers) should I engage in such an activity.
9. I, the undersigned, authorize the Western New York Flying Club, Inc. to verify any information it requires for this application, subject to the fair credit reporting act and the privacy of information act.
10. Furthermore, I understand that failure to comply with the rules and regulations set forth by the Western New York Flying Club, Inc. can result in suspension of privileges and termination of membership with liability for any monies owed to the Western New York Flying Club, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date \_\_\_\_\_

( WNYFC officer )