

Creswell Airport
83501 N Melton Road
Creswell OR 97426
541-895-5935
www.flyingd.net

TakeWING Aviation Club

MEMBERSHIP STATUS

C T R G

Membership Application

MEMBER # _____

Date _____

INFORMATION: I am applying for: Cub Tarmac Runway membership

Name _____ Birth Date _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email _____ Referred By: _____

EMPLOYER _____ HOW LONG? _____ PHONE _____

TYPE OF PILOT CERTIFICATE HELD _____ Pilot Cert # _____

TRAINING OBJECTIVE: FLIGHT REVIEW CLUB RENTAL CHECKOUT SPORT PILOT

TAILWHEEL PRIVATE COMMERCIAL INSTRUMENT SPORT INSTRUCTOR ATP

Driver License State and No. _____ U.S. Citizenship Verification

Background Check

FLYING & MEDICAL HISTORY: Ratings _____ **Total Hours to Date** _____

Date most Recent Flight Review/Cert. or Rating _____ Aircraft make/models flown most recently _____

My most recent aircraft rental or training was with (name company or instructor) _____

My last flight was on (date) _____

FAA Medical Class _____ Date of medical _____

Are there any medications, medical restrictions, or deficiencies that could make you unable to safely perform the duties or exercise the privileges of a pilot certificate? Yes / NO (if yes please explain:

Have you ever had an aircraft accident or incident? Yes No If yes, please explain;

Has your pilot's certificate been suspended or have you had an FAA warning? If yes, please explain

Do you have an aircraft renter's insurance policy? Yes No. If yes, please give name of insurance company, phone number and amount of hull and liability insurance carried. _____

EMERGENCY CONTACTS

Name

Relationship

Phone Numbers(s)

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FOR OFFICE USE

Membership Dues Paid

Year _____

_____ January _____ February _____ March _____ April _____ May _____ June

_____ July _____ August _____ September _____ October _____ November _____ December

Year _____

_____ January _____ February _____ March _____ April _____ May _____ June

_____ July _____ August _____ September _____ October _____ November _____ December

Year _____

_____ January _____ February _____ March _____ April _____ May _____ June

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_____ July _____ August _____ September _____ October _____ November _____ December

Year _____

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_____ July _____ August _____ September _____ October _____ November _____ December

Automatic Credit Card Payment Authorization

I authorize TakeWING to charge my credit for aircraft rental, flight instruction fees, and monthly membership dues as necessary. I understand that it is my responsibility to inform TakeWING in writing if I wish to terminate this agreement.

Credit card # _____

Expiration date _____

Signature _____ **Date** _____

Print Name as it appears on Card _____

Credit Card Billing Address _____
