

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

TakeWING Aviation Club

MEMBERSHIP STATUS

T C R A

MEMBER #

Effective Date _____

Membership requested: Tarmac CUB H.S & college students) Runway Associate (non-pilots)

Name _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

How did you find out about us ? _____

EMPLOYER/SCHOOL _____ HOW LONG? _____

TYPE OF PILOT CERTIFICATE HELD (IF ANY) _____ Pilot Cert # _____

Driver License State: _____ No. _____

OBJECTIVES FOR JOINING: CLUB ACTIVITIES/EVENTS AIRCRAFT RENTAL SPORT PILOT

PRIVATE PILOT HIGH PERFORMANCE INSTRUMENT RATING SPORT INSTRUCTOR

G1000 TRAINING SIM RENTAL OTHER _____

Due to TSA security concerns, pilots training for a new certificate or rating must provide proof of U.S. Citizenship. Persons [seeking flight training must submit a request if they are not citizens or nationals of the U.S.](#)

I am I am not a U.S Citizen Verification of citizenship provided : _____ Passport, _____ Birth Certificate

49CFR 1552.3(h). I certify that _____ has presented to me
a _____ No. _____; establishing that he/she is a U.S. Citizen or National.

Name: _____ Certificate No. _____ Exp. Date _____

PILOT's FLYING & MEDICAL HISTORY: Ratings _____ Total Hours to Date _____

Date of last Flight Review (BFR or WINGS) (if any) _____.

Your most recent aircraft rental or flight was with (name company or instructor) _____

Date of your last flight _____ Make/models of aircraft you usually fly: _____

FAA Medical Class (if any) _____ 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? Yes No If yes, please explain on a separate sheet of paper.

Do you have a supplemental 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 CONTACT(S) List at least one.

Name

Relationship

Phone Number(s)

I hereby apply for membership to TakeWING Aviation Club (TakeWING).

Payment of Fees. I acknowledge that the cost of services to me including but not limited to aircraft rental, simulator rental, instruction, and TakeWING dues, constitutes a legal debt and promise to pay these debts in accordance with provisions of TakeWING Rules. I further understand that any outstanding balance on my account over 30 days old will be assessed a finance charge of 2.5% per month subject to a \$ 10.00 minimum. I agree to pay any expense TakeWING incurs collecting an overdue balance on my account.

Recurring Charges. I agree that my credit card shall be kept on file and may be automatically charged annually for my membership level and once each month for my Membership Dues in accordance with my chosen membership level.

Contract Termination. In the event that my Membership is suspended due to non-compliance with this Contract, then all deposits are forfeit. I understand that if I wish to terminate my association with TakeWING within 30-days of joining my annual enrollment fee will be refunded less. I further agree that if I wish to terminate my association after 30-days and before the end of the contract period, then the annual fee refund will be prorated beginning after the first 30-days. Any refund remaining shall be returned less any unpaid flight fees, instruction fees or other amounts due by member to TakeWING within 15-days of termination. Monthly membership fees are not refundable.

Credit Card Payment Authorization

By signing below, I acknowledge that I have read, understand, and will fully comply with all of the requirements and responsibilities of the TakeWING Policies and Procedures Agreement. Additionally, I agree to abide by any revisions to this manual that are made available to me. I also authorize TakeWING to charge my credit card to cover any outstanding balances I may have incurred due to aircraft rental charges, instructor fees, miscellaneous pilot supplies, or any other services rendered by TakeWING. This authorization will remain in effect until cancelled, in writing, by the cardholder.

Credit card #  _____

Expiration date _____

Signature _____ Date _____

Print Name as it appears on Card _____

Credit Card's Billing Address _____

It is the member's responsibility to provide TakeWING with revisions in their credit card expiration dates or should they wish to change credit card providers.

TakeWING USE

FOR OFFICE USE
Membership Dues Paid

Year _____
_____ January _____ February _____ March _____ April _____ May _____ June
_____ July _____ August _____ September _____ October _____ November _____ December

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

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