

CAPFA Civil Air Patrol Flying Association, Inc

Membership Application Form

Name	
Birth Date	
Home Address	
City, State, Zip	
Mobile Phone	
Home Phone	
Email	
Occupation/Business	
Employer	
Employer Address	
City, State, Zip	
Work Phone	
When will most of your flying be? Days, nights, weekends	
Flying References (Name, Instructor, club member, Pilot)	
How did you hear about CAPFA? Comments	
Aviation Accidents/Incidents/Violations	
Have you had an aircraft accident while PIC, flying or taxiing?	
Cited for any violation of civil aviation regulations?	
Pilots license or medical certificate revoked or suspended?	

Airman's Certificate #	
Instructor Name	
BFR Date	
Medical Class	
Expiration Date	
Medical Limitation/Waivers	
Certificates / Ratings	Date Received
Student/Solo	
Private	
Instrument	
Commercial	
Multi Engine	
CFI	
CFII	
ATP	
Other	
Flying Experience	
# of Years	
Total Hours	
Retract Gear	
Multi-Engine	
Other	
Last 12 Months	
Last 90 days	
Aircraft flown	
Piper Archer	
Cessna 172	
Other	
Other	

Acknowledgement

I hereby acknowledge that I have read and agree to abide by the Bylaws and Operating Rules of CAPFA. Attached are copies of my flying certificate, current medical, and logbook endorsement of BFR Review. I understand that enrollment in CAPFA will require a minimum monthly financial commitment.

Applicant Signature

Date