

Channel City Flyers Member Form

| | | | | |
|--|----------------|----------------|-------------------|-------------|
| | | | | |
| Name | | | | |
| | | | | |
| Street Address | | City | State | Zip Code |
| | | | | |
| Primary Phone | | Primary Email | | |
| Pilot Information | | | | |
| Certification: | <i>Student</i> | <i>Private</i> | <i>Commercial</i> | <i>ATP</i> |
| Ratings: | <i>INST</i> | <i>MEL</i> | <i>CFI</i> | <i>CFII</i> |
| Total Time | | C-150 Time | | |
| Last 6 Months | | Last 12 Months | | |
| Date of Last Medical | | Class: | I | II |
| Date of Last Flight Review | | | | |
| Any claims or accidents in the last 7 years: | | | | |
| Emergency Contact | | | | |
| | | | | |
| Name | | Relationship | | |
| | | | | |
| Phone | | Email | | |