

# Mishawaka Pilots Club Membership Application

Full Name:  Date:

Address:

City:  State:  Zip Code:

Phone:  ☐ Mobile ☐ Home ☐ Work

Email:

Emergency Contact:  Phone:

Sponsoring Member:

Are you looking for flight training: ☐ Yes ☐ No Current Hours if applicable:

Are you looking for additional ratings: ☐ Yes ☐ No Ratings you are interested in:

For Current Pilots and Aircraft Owners

Pilot Certificate #:  Ratings:

Aircraft Type:  N-Number:

Do you need a fuel card: ☐ Yes ☐ No Are you interested in a hangar: ☐ Yes ☐ No

Do you have a current medical: ☐ Yes ☐ No Class:

Upon acceptance by the membership:

I hereby agree to abide by the rules of the Mishawaka Pilot's Club,  
and to make timely payments of financial liabilities owed to the Club.

I understand this is a flying club, and volunteerism is needed to keep  
the membership costs as low as possible, and will do my part

Applicant signature: \_\_\_\_\_

Date of acceptance: \_\_\_\_\_

Officer signature: \_\_\_\_\_