



THE SUNDOWNERS, INC.

Membership Application (Pilot/Student Pilot)

(PLEASE PRINT)

This applicant is recommended by _____

Applicant Name _____

DOB MON/DAY/YR ___/___/___ Citizenship U.S. ___ Other _____

FLORIDA Address _____

City _____ State _____ Zip Code _____ Tel. # _____

Cell Phone # _____ E-mail _____ Fax # _____

HOME/OTHER Address _____

City _____ State _____ Zip Code _____ Tel. # _____

Cell Phone # _____ E-mail _____ Fax # _____

Do you have a valid driver's license? ___ "Yes" ___ "No". State _____

Occupation _____

Name of Employer _____

Employer Address _____ City _____

State _____ Zip Code _____ Tel. No. _____

Person to notify In Case Emergency (ICE)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Tel. No _____ Cell Phone _____

Pilot License Certificate Number _____

[please circle those which apply directly to yourself]

Student Recreational Private Commercial A.T.P. Ground Instructor?

Issue date: _____

CFI CFII CFI-ME FAA Flight Instructor renewal date _____

List waivers, if any, associated with the above certifications

PILOT RATINGS (civilian or military) Please circle.

Ultra-Light ASEL ASES AMEL AMES Instrument other _____
Jet Turbine Helicopter A/P mechanic other _____

CURRENCY INFORMATION

Total Hours _____ PIC hours _____ Night _____ Actual Instrument _____
Hood _____ Flt Simulator _____ Dual _____

LAST 12 MONTHS

Total Hours _____ PIC hours _____ Night _____ Actual Instrument _____
Hood _____ Flt Simulator _____ Dual _____

Skyhawk C172.

Total hours _____ PIC hours _____ Night _____ Actual Instrument _____
Hood _____ Flt Simulator _____ Dual _____

Have you had any US Department of Transportation Federal Aviation Administration violations in the last five years? "Yes" or "No" If Yes, please explain _____

Airmen's Medical Certificate (please circle) "none" "1st Class" "2ndClass" "3rdClass" Restrictions? "Yes" "No" If Yes, please explain restrictions _____

Date of last Medical Examination _____ Expires _____

Last Bi-Annual Flight Review _____ Expires _____ ICAO _____

Signature _____ Date _____

Present this application, appropriate check and copies of other required documents, in person, to The Sundowner's, Inc, Board of Directors at either a general membership or BOD meeting. See The Sundowners, Inc., Pilot/Student Pilot Application Instructions and Information for details. Failure to pay monthly fees will result in a 2% charge after 90days on amount owed. The account will then be turned over to a collection agency.



BOD ACTION

President Vice Secretary Treasurer Flight Maintenance Chief Scheduling Non-Officer
President President Supervisor Officer Observer Officer Director

Definitions.....Y = For N = Against A = Abstain Five affirmative votes required for "APPROVAL".

Approved _____; denied _____; Date _____
Applicant Notified (date) _____ Sponsor and/or CFI Notified _____

Form Revised
03/04/07