

Flight Division Membership Application

Wings for Children - Flight Division
Post Office Box 1962, 1900 Oak Street
Myrtle Beach, South Carolina 29578-1962
843-448-9294 Fax: 843-448-6445

Name (First, Middle initial, Last): _____ Date: _____

Street and Post Office Box (if P. O. Box used): _____

City: _____ State: _____ Zip: _____ Day Phone: _____

Night Phone: _____ Beeper: _____ Fax: _____ E-mail: _____

Social Security No: _____ Birthdate: _____ Business Name: _____

General Pilot Information:

Ratings: ASEL: ___ Multi: ___ Comm'l ___ CFI ___ CFH ___ ATP ___ Other: _____

Flying Time: Total Hours _____ Total Years: _____ Breakdown of Flight Hours: VFR: ___ IFR: ___

Multi: ___ Other: ___ As of (Date): _____ Pilot Certificate No: _____

Drivers License No./State: _____ Medical Expires: _____ Class 1 ___ 2 ___ 3 ___

BFR expires: _____ Base Airport: _____ Identifier: ___ FBO: _____

_____ Airport Address: _____ Telephone: _____

Aircraft Information:

Aircraft 1: Single ___ Twin ___ Piston ___ TurboProp ___ IFR Cert ___ Pressurized ___ Known Ice ___ Seats ___

Own: ___ Rent ___ Make _____ Model _____ Model No. _____ Call Sign N _____ Based at FBO above _____

Aircraft 2: Single ___ Twin ___ Piston ___ TurboProp ___ IFR Cert ___ Pressurized ___ Known Ice ___ Seats ___

Own ____ Rent ____ Make _____ Model _____ Model No. _____ Call Sign N _____ Based at FBO above ____

I AM __ AM NOT ___ USUALLY AVAILABLE DURING NORMAL BUSINESS HOURS

I AM __ AM NOT ___ USUALLY AVAILABLE DURING EVENING HOURS

I AM __ AM NOT ___ USUALLY AVAILABLE DURING WEEKENDS

ANNUAL CONTRIBUTION: \$35.00 Used to defray the costs of operating the Flight Division of Wings for Children. This contribution is tax deductible. Please include with your completed application, copies of pilot certificate(s), medical and insurance form.

INSURANCE: All Wings for Children flights require that the aircraft be insured at the expense of the owner/renter. The policy should have standard coverage and the premium should not increase. Please add Wings for Children, Flight Division as additional insured. We simply require that you be covered. Send a photocopy of the front page of your policy in order to complete your application.

I, the undersigned applicant hereby affirm that all information I have provided is accurate and correct, and that I agree to abide by all applicable Federal Aviation Regulations.

Applicants Signature: _____

Date: _____

Thank you for volunteering your time, skills and other resources for community service.