

Application for Membership in the  
**HARFORD FLYING CLUB, INC.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Email \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Certificate: None

Student

Private

Comm

ATP

Ratings: ASEL

IFR

CFI

CFII

Other \_\_\_\_\_

Total PIC Hours: \_\_\_\_\_ Total PIC Last 12 months: \_\_\_\_\_ Current Medical: \_\_\_\_\_

Person to Notify in an Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Home: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Sponsoring HFC Member: \_\_\_\_\_

In accordance with the Harford Flying Club, Inc. By-laws, payment is required for the initiation fee and first month dues at time of application. Your membership will be approved by the membership at the next general membership meeting.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Board Action : Approved  Disapproved  Based on : \_\_\_\_\_

Presented to Membership: Date \_\_\_\_\_ Approved  Disapproved