

Kitsap Aviation Squadron

MEMBERSHIP APPLICATION					<u>Page 1 of 2</u>	
Applicant Information						
<u>Last Name</u>			<u>First Name</u>		<u>Middle</u>	
<u>Street</u>		<u>City</u>		<u>State</u>	<u>ZIP</u>	
<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Fax</u>	<u>E-Mail Address</u>		
<u>Date of Birth</u>	<u>Eye Color</u>	Male () Female ()	<u>Height</u>	<u>Weight</u>	Married () Single ()	
<u>Occupation</u>			<u>Employer</u>			
Emergency Information						
<u>Name of person to notify in case of emergency</u>				<u>Phone</u>		
<u>Street</u>		<u>City</u>		<u>State</u>	<u>ZIP</u>	
Education (check those completed)						
Elementary ()	High School ()		College ()	Trade ()	Other ()	
<u>Hobbies & special interests</u>						
Military Service						
<u>Active ()</u>		<u>Reserve ()</u>		<u>Retired ()</u>		
<u>Army ()</u>	<u>Navy ()</u>	<u>Airforce ()</u>	<u>Coast Guard ()</u>	<u>Marines ()</u>	<u>Other ()</u>	
Pilot's License						
Have License Yes () No ()	<u>Type</u>	<u>Number</u>	<u>Total time as PIC</u>	<u>Date of last BFR</u>		
<u>Aircraft Model (s)</u>			Approx. Total Hrs. at PIC	Date of Last Flight		
<u>Other Relevent Experience:</u>						

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Applicant Name:

Medical Certificate

Have Medical Yes () No ()	<u>Class</u>	<u>Date</u>	<u>Number</u>	<u>Examiner's S/N</u>
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Disease, disability, handicaps, limitations (if YES, explain below Yes () No ()

References

<u>Personal</u>	<u>Phone</u>
<u>KAS Member</u>	<u>Phone</u>
<u>Flight Instructor</u>	<u>Phone</u>
<u>Other</u>	<u>Phone</u>

Are you willing to serve as a club office if appointed, elected or as a volunteer? Yes () No ()

Have you ever been arrested? (If YES, please explain below) Yes () No ()

<u>Applicant's Signature</u>	<u>Date</u>
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Office Use Only

<u>Date of Board</u>	<u>Option Offered</u>	<u>Accepted Yes () No ()</u>
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Other actions needed

<u>President's Signature</u>	<u>Date</u>
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Please send completed form to:

Kitsap Aviation Squadron

P.O. Box 848

Keyport, WA 98345

Or e-mail to john@thewellsfamily.com