



Smiths Falls Flying Club
PO Box 4, Smiths Falls, Ontario, K7A 4S9
Telephone (613) 283-1148
www.smithsfallsflyingclub.com

MEMBERSHIP APPLICATION

Note: Membership Dues must accompany application.

(please print)

FULL NAME: First name _____ Last name _____ Initials _____

MAILING ADDRESS: _____

TELEPHONE #: (H) _____ (W) _____

E MAIL ADDRESS: _____

EMPLOYER: _____

POSITION / OCCUPATION: _____

EMERGENCY CONTACT: Name: _____ Tel #: _____

REFERENCE: Name: _____ Tel #: _____

FLYING EXPERIENCE: Pilot Licence #: _____
Type of flying: Recreational ____ Business ____ Commercial ____
Previous flying clubs or aviation companies: _____

COMMITMENT: If accepted as a member of the Smiths Falls Flying Club, I agree to abide by the Published Rules and Regulations. I agree also to contribute time to supporting the Club, in "work days", the fly-in breakfast and other volunteer programs as requested.

WAIVER: In consideration of being permitted to enter into and upon the premises, the aircraft, or the vehicles of the Smiths Falls Flying Club, I, on behalf of myself, my heirs, executors and assigns, release and discharge the Smiths Falls Flying Club and it's officers, employees, and representatives from all liability.

APPLICATION: I, the undersigned make application to the Directors of the Smiths Falls Flying Club for membership as: **Student** _____ **An Associate** _____
Active (Building/Purchased a Hangar site) _____

SIGNED: _____

WITNESSED: _____

DATED: _____

For Club use only:	
Payment received amount	_____
Date presented to Board	_____
Date approved by Board	_____
Membership level approved	_____
Welcome letter sent	_____