

Badgerland Aero Club, Inc.

Membership Application

PILOT INFORMATION

Name: *(please print)* _____

Date of Birth: _____

Contact Information

Address: _____

Home Phone _____

Work Phone _____

E-mail Address _____

Occupation _____

Employer _____

Empl Address _____

Ratings

Pilot Certificate: ___ Private ___ Commercial ___ ATP

Classes ___ ASEL ___ ASES ___ AMEL ___ AMES ___ Glider

Instrument Rated _____ *(Yes/No)* Instructor Ratings _____

Pilot Certificate number: _____

Flight Status

Date of Last Medical _____

Date of Last Flight Review _____

Experience

C172 Number Hours _____ Logged Instructor Signoff _____ *(Yes/No)*

PA28R Number Hours _____ Logged Instructor Signoff _____ *(Yes/No)*

Your Total Hours _____ Total hours previous 12 mths _____

Violations

FAA Suspensions of Revocation _____

Drug / Alcohol Related Traffic Violations _____

Signature _____ Date _____