

**Application for Membership**

Blue Sky Pilot, Inc. DBA Valley Flyers  
885 Lancaster Drive SE; Suite D  
Salem, OR 07317

Name (Last, First, MI): \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Phone: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ Spouse (opt.) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years at job? \_\_\_\_\_

Membership Class (check one):  Full  Student  Family

Approximate hours you will fly monthly? \_\_\_\_\_ Oregon Pilot Registration? \_\_\_\_\_

For what purposes do you intend to use club aircraft? \_\_\_\_\_

Medical Class: \_\_\_\_\_ Date of last medical? \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Pilot Cert No: \_\_\_\_\_ Last Flight Review: \_\_\_\_\_ CFI? \_\_\_\_\_

Certificates/Ratings:  ATP  Instrument  Commercial  Private  Student  
 ASEL  AMEL  CFI  CFII  Other \_\_\_\_\_

Total Hours: \_\_\_\_\_ Hours in the past 12 months: \_\_\_\_\_ Date of last flight: \_\_\_\_\_

Have you ever been convicted of a serious traffic violation?  No  Yes  
(If yes, explain on back page)

Have you ever had a citation for violation, or an investigation of an alleged violation of an FAR, any Airman's Certificate Suspension, or an aircraft accident or incident?  No  
 Yes (If yes, explain on back page)

In making this application to Valley Flyers, I understand that it is subject to approval. I certify that these statements are true to the best of my knowledge. I have read the rules and agree to abide by them if accepted in to membership. I understand that the initiation fee is not refundable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_