

Spartan Wings, Inc.
Membership Application (Part I: General Information)

Date Submitted:_____

Full Name:_____

Street Address:_____

City, State, Zip Code:_____

Telephone - Home:_____ Work:_____

Cell Phone:_____ Pager:_____

E-mail Address:_____

Employer: _____

Date of Birth:_____

Pilot Certificate: (a certificate is not a requirement)

Pilot Certificate Number:_____

Date of Issue:_____

Ratings: Student Private Instrument Commercial
 Air Transport CFI CFII
 Other (specify)_____

Classes: Single Engine land Multi Engine land
 Other (specify)_____

Endorsements: High Performance Complex
 Other (specify)_____

Class of FAA Medical Certificate currently held: I II III

Date of last FAA medical exam:_____ Expiration:_____

Was Medical Certificate subject to any limitations? Yes No

If yes, please give details:_____

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Date of last FAA biennial: _____
or Pilot Proficiency Wings and level: _____

Number of pilot in command hours in the past
_____ 6 months, _____ 12 months, _____ Total hours as of this date.

Have you ever been involved in an aircraft incident or accident?
 Yes No If yes, please give details: _____

Have you ever been convicted of a felony or drunk driving or driving while under the influence of alcohol or drugs? Yes No If yes, please give details: _____

A copy of your pilot certificate (if applicable) and current medical certificate must be provided with this application.

If a plane is damaged while under your care (you're the pilot who has signed for the airplane), you may be responsible for the deductible amount on the insurance policy. The Corporation will pay the insurance deductible only for a member who is in good standing at the time of the accident. If you violate any Federal Aviation Regulation, any Corporation bylaws, any Corporation Standard Operating Procedures, or amendments thereto, or you are not legal to fly the aircraft when you have an accident or incident, the Corporation's insurance does not cover you and the Corporation **WILL NOT** pay the deductible for you, making you liable for the entire amount of damage to the aircraft.

Enclosed you will find a copy of the Spartan Wings' Bylaws, Standard Operating Procedures and any other rules or amendments that may exist. Please review them thoroughly prior to signing and submitting this membership application.

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The claim of any member against the Corporation, its Directors, Officers, or any other member of the Corporation as a result of participating in the activities or operations, or using the equipment or facilities of the Corporation shall be limited to the maximum amount available under the Corporation’s insurance policy, if any.

Flying members are expected to commit approximately two (2) hours per month to the betterment of the Corporation.

I certify that to the best of my knowledge and belief, all the statements and answers I have provided above are complete and true.

Furthermore, by signing this affidavit I certify that I have read, understood and agree to follow all Corporation Bylaws, Corporation Standard Operating Procedures, amendments thereto and any other rules that may exist including all Federal Aviation Regulations; and guarantee payment of all Corporation dues and assessments.

- I have included a copy of my pilot certificate.
- I have included a copy of my current medical certificate.
- I have provided a copy of my logbook endorsement of my most recent completed FAA biennial or a copy of my logbook endorsement of a completed FAA Pilot Proficiency WINGS Program Phase (when applicable).

Signed: _____ Date: _____
Applicant

Signed: _____ Date: _____
Applicant’s legal guardian (if less than legal age)