

PILOTS APPLICATION TO JOIN THE POM FLYING CLUB



PRIVATE & CONFIDENTIAL

1. PERSONAL DETAILS

| | | | |
|--------------|----------------------|------------------|----------------------|
| Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Address: | <input type="text"/> | Nationality: | <input type="text"/> |
| | <input type="text"/> | CAA No. | <input type="text"/> |
| | <input type="text"/> | Date Qualified: | <input type="text"/> |
| Post Code: | <input type="text"/> | Passport No. | <input type="text"/> |
| Home Tel No: | <input type="text"/> | Medical renewal: | <input type="text"/> |
| Work Tel No: | <input type="text"/> | Yrs at address: | <input type="text"/> |
| Mobile No: | <input type="text"/> | | |
| e-mail: | <input type="text"/> | | |

2. FLYING EXPERIENCE

| | | | | | | | |
|------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|
| License Type: | <input type="checkbox"/> JAA PPL | <input type="checkbox"/> UK PPL | <input type="checkbox"/> UK CPL | <input type="checkbox"/> JAA CPL | <input type="checkbox"/> NPPL | <input type="checkbox"/> EASA | <input type="checkbox"/> Others (state): |
| License Ratings: | <input type="checkbox"/> PPL(se) | <input type="checkbox"/> IMC | <input type="checkbox"/> Night | <input type="checkbox"/> PPL IR | <input type="checkbox"/> CPL/IR | <input type="checkbox"/> ATPL | <input type="checkbox"/> Twin |
| <i>Delete non applicable</i> | | | | | | | |
| Number of Hours: | <input type="text"/> Total | <input type="text"/> Last 90 days | <input type="text"/> PUT | <input type="text"/> P1 | <input type="text"/> IMC/IR | <input type="text"/> Night | <input type="text"/> Twin |
| Aircraft Flown (state): | <input type="text"/> | | | | | | |

3. GENERAL INFORMATION

How many hours per year do you intend to fly?:

Will you fly weekends, week days or both?

What type of flying will/do you do? (ie Business/pleasure/hour build etc):

Are you a member of another Flying Club and if so which one?

4. NEXT OF KIN

Name: Relationship:

Home Tel No: Mobile No:

Address:

Email:

5. DOCUMENTS TO BE PROVIDED BY THE APPLICANT

| | Copy provide | Official use only | Original inspected |
|----------------------------------|----------------------|-------------------|----------------------|
| Copy of licence: | <input type="text"/> | | <input type="text"/> |
| Copy of Passport: | <input type="text"/> | Date & Initial | <input type="text"/> |
| Completed credit card authority: | <input type="text"/> | | <input type="text"/> |

6. DECLARATION

By signing this form I agree and confirm that:

All the details provided by me are true,

I shall be bound by the Clubs rules,

I understand that the Club may ask to inspect my licence at any time,

My details may be shared with the CAA, Police and UKBF,

I will be bound by the Clubs payment terms

Signature

Date