

**UW Flying Club P.O.
P.O. Box 525
Sun Prairie, WI 53590**

Membership Application and Agreement

Section I – Terms of Agreement

I, _____ hereby apply for membership in the UW Flying Club. I agree to these terms and conditions of membership:

1. I understand that the UW Flying Club, Inc. (UWFC) is a 501 c (7) nonprofit social organization. Its purpose is to encourage flying practice and safety among its members.
2. I will abide by the provisions of the Constitution, ByLaws, and Operating Rules of the UWFC and any other rules, regulations, and directives that may from time-to-time by promulgated by the Board of Directors or the UWFC membership.
3. I will submit the required initiation fee of \$150 and one month's dues of \$55 with this application. I understand that the initiation fee is non-refundable upon my acceptance into membership.
4. I will pay the monthly UWFC billing, within 15 days after receipt, by check or money order. Unpaid balances after 30 days are subject to a 1.5% finance charge. I understand that failure to pay as agreed may result in loss of flying privileges, claims judgement, and payment of collection fees.
5. I will pay for the use of club aircraft at "wet" rates established by the UWFC. I understand that, upon submission of receipts, my account will be credited for fuel and oil that I purchase while away from Dane County Regional Airport. However, I will not be reimbursed for other expenses including hangar, de-icing, landing, and parking fees that I incur.
6. I will obtain a proficiency check ride in the highest type aircraft that I intend to fly with a UWFC-designated instructor upon acceptance to the Club. Then I will obtain an Annual Flight Review (similar to a BFR) at least once within any 12-month period and mail the results to the UWFC office on the form provided. Failure to do so will result in the loss of my flying privileges until this requirement is met.
7. I may become an inactive member by submitting a written (or email) request to the UWFC office, provided my account is paid in full. Dues will be suspended while I am inactive. I can be reinstated by paying the current reactivation fee and obtaining a new proficiency check ride.

I have read the forgoing Terms of Agreement, and I agree to be bound by them. I further certify that the statements I have given on this application on the reverse side hereof are true and correct.

Signature _____ Date _____

Section II – Personal Data

Name _____ Home Phone _____
Address _____ Date of Birth _____
_____ Citizenship _____
Email address _____
Employer _____ Bus. Phone _____
Address _____

In Case of Emergency Notify:

Name _____ Phone _____
Address _____

Section III – Aeronautical Background and Experience

FAA Certificate No. _____ Date of Issue _____

Check:

Student Pilot ___ Private Pilot ___ Instrument ___ Commercial Pilot ___

Other licenses and ratings

Medical Certificate: Class ___ Date of Issue _____ Limitations _____

Flight Hours: Total _____ PIC _____ X-Country _____ Instrument _____ Night _____

In last 6 mo: Total _____ PIC _____ X-Country _____ Instrument _____ Night _____

Date of last BFR _____ WINGS Level achieved _____

Have you been (check all that apply):

In any aircraft accidents or incidents ___ Y ___ N

Charged with violation of FAA regulations ___ Y ___ N

In any motor vehicle accidents in past 3 years ___ Y ___ N

Issued moving traffic citations in past 3 years ___ Y ___ N

Treated for alcoholism or drug ___ Y ___ N

If you checked "Y" on any of the preceding questions, please explain details on a separate sheet and attach to this form. Your attachment will become part of your application.

Section IV – Credit References

Bank _____ Date Account opened _____

Address _____

Credit references (2):

