



ABC Flying Club  
 Allegheny County Airport  
 Lebanon Church Road  
 West Mifflin, PA 15122

Application for ABC Flying Club Membership

Applicant's Name:

\_\_\_\_\_

(Last Name) (First Name) (Middle)

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

Own or Rent Home: \_\_\_ How long?: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Citizenship: \_\_\_\_\_ If not US citizen country of citizenship: \_\_\_\_\_

Phone (W) \_\_\_\_\_ (Home) \_\_\_\_\_ Cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Have you ever been convicted of a crime:

\_\_\_\_\_ (Attach a complete description)

Occupation: \_\_\_\_\_

Automobile – Make, Year and Model: \_\_\_\_\_: \_\_\_\_\_ Tag #: \_\_\_\_\_

Aeronautical Information:

Pilot Information: Certificate Rating: \_\_\_\_\_ Certificate# \_\_\_\_\_

Instrument Rated: \_\_\_\_\_ Instrument Currency: \_\_\_\_\_

Additional Pilot Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Flight Review Date: \_\_\_\_\_ Medical Date: \_\_\_\_\_

Wings Program Hours: \_\_\_\_\_

Aircraft:	Category:	Type:	Total Hours:



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A copy of all flight certificates, current and valid medical and flight review should be attached. By submitting this application for membership in the ABC Flying Club I understand that ABC Flying Club is a not-for-profit organization under the laws of the Commonwealth of Pennsylvania. I will also agree to review and understand ABC Flying Club requirements and my responsibilities with ABC Flying Club. Additionally, I also understand that each plane requires a separate check ride and "sign-off" from an active and current CFI or CFII of your choice prior to any operation of the aircraft. Upon request the club may recommend a CFII or CFI for aircraft signoff. I also understand that the Club requires, prior to any operation of the Cessna 182, a minimum of 10 hours instruction in the club Cessna 182 with a CFII or CFI for insurance coverage. I understand and agree that ABC Flying Club is harmless from any claims arising as a result of piloting error. I agree that payment for membership dues and flying time expenses is billed at the end of each month and receipt is due no later than the 22<sup>nd</sup> day of the following month. If an unpaid bill is outstanding for more than 30 days, flying privileges MAY be suspended until payment is made in full or arrangements in writing have been made to the Board of Directors, ABC Flying Club. I have received a copy of and have read and understand the Club's By-Laws/Rules of Operation.

After a prospective member has decided that they would like to join the club, and the financial details have been worked out between the selling and buying party(ies) involved, this application form will be submitted to the Membership Committee. The Membership Committee will review the application, interview the prospective member, and make a recommendation as to whether or not this application should proceed.

At a regular meeting, the seller of the existing share will present the prospective member to the club. He (or She) will introduce themselves to the club, detail their flying history, and why they want to join the club. Their logbook and medical will be reviewed.

After there are no more questions, the prospective member will be asked to leave the meeting, and told that they will be notified within 7 days as to their acceptance into the club.

Discussion of the new member and voting will follow. Depending on the outcome of the club vote, a letter of acceptance or denial will be sent. In the acceptance letter will be instructions for the new member to get together with the secretary to give the club the check for the share, and to fill out required forms. Optionally this can be done at the next regular meeting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Have you had any aircraft or aviation-related losses, property damage, claims, accidents, violations or had any action taken against your Pilot Certificate, including revocation or suspension: \_\_\_\_\_ (If yes attach explanation).

Please fax or Email all required documents to: Robert Calabrisi, Safety Officer, at [Rcalabrisi@comcast.net](mailto:Rcalabrisi@comcast.net) or FAX 412-405-9048