



West Michigan Flying Club, Inc.

New Member Application

Paul Medenbach
Secretary, WMFC
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Name _____ Date of Birth _____ Credit Card MC/VISA/Other
(circle one). If other: _____

Address _____ Employer _____ # _____

City _____ State _____ ZIP _____ Occupation _____ Expiration Date: _____

Email address _____ Preferred Phone: () _____ CVV (three digits
on back of card): _____

PROFESSIONAL REFERENCES (BOSS, COLLEAGUE, TEACHER, ETC.) CANNOT BE FAMILY MEMBERS

Reference #1: _____ Relationship: _____ Phone: _____

Reference #2: _____ Relationship: _____ Phone: _____

Reference #3: _____ Relationship: _____ Phone: _____

Pilot ratings currently held (check all that apply)

None Student Private Instrument Commercial CFI CFII ATP

Single Engine Multi-Engine Airplane Seaplane Glider Helicopter

Approximate hours by Rating and Type _____

Medical certificate expiration date _____ Flight Review expiration date _____

Have you ever been involved in an aviation accident? Yes No If "Yes" provide details on additional page.

I hereby apply for membership in the West Michigan Flying Club, Inc. ("WMFC"), and understand that to join the Club as an Active Member, I must:

- (a) pay a \$500.00 membership fee, (fully refundable upon leaving the Club);
- (b) pay a non-refundable initial fee of \$450.00 to fly Club aircraft.
- (c) Commencing November 1, 2015, provide and keep on file valid credit card information to allow dues, flight time and costs to be charged to my credit card by the Club in the event my account becomes more than 30 days past-due

I hereby understand and agree that:

- I must pay monthly dues in an amount set by the West Michigan Flying Club, Inc., effective upon approval of my application.
- I agree to uphold and abide by the By-Laws and Rules of the West Michigan Flying Club, Inc. as a Member in good standing.
- I hereby give my permission to the West Michigan Flying Club, Inc. to investigate and verify the information given by me on this application, including without limitation my credit history, driving record and flying record
- My listed references may be contacted, and I hold them and WMFC harmless for any information they provide
- I certify that I have never been, nor am I presently, under treatment for alcoholism, drug addiction or mental illness.
- I hereby authorize WMFC to charge the above-provided credit card in accordance with the cardholder agreement for any amounts that are more than 30-days past due on my account.
- I certify that all the information supplied on and with this application is true and complete to the best of my knowledge.

Signed _____ Date _____

YOUR APPLICATION CANNOT BE PROCESSED UNTIL YOU PROVIDE THE FOLLOWING SUPPLEMENTARY INFORMATION:

- (1) a **\$950.00 check, payable to WEST MICHIGAN FLYING CLUB.**
- (2) a copy of the applicant's **Automobile Driver Record**, obtain from Michigan Secretary of State:
Michigan Secretary of State Commercial Lookup Unit, (517) 322-1624
Form: http://www.michigan.gov/documents/bdvr153_16280_7.pdf
Instructions: <http://www.michigan.gov/sos/0,1607,7-127-1627-31868--,00.html>
- (3) a copy of the **applicant's Credit Report**, obtain from www.experian.com ; www.equifax.com ; etc. OR in lieu of a credit report, **proof of a credit score of at least 700.**

**EMAIL ALL DOCUMENTS TO Secretary, Paul Medenbach wmfc.secretary@gmail.com, mail check to 551 Airport Road
Norton Shores, MI 49441; or drop check off in lockbox in hangar.**