MISHAWAKA		
Air	Αςτιν	ITIES)
	FLYING	CLUB

MEMBERSHIP APPLICATION

Date of Application:	Membership Type: Standard Introductory Family	
First Name:	Middle Initial: Last Name:	
Home Phone:	Work Phone:	
Primary Email:	Secondary Email (optional):	
Street Address:		
City:	State: Zip:	
Emergency Contact Name:		
Emergency Contact Relationship:		
Emergency Contact Phone:		
Employer:	Position:	
Employer Address:		
	e MAA Flying Club?	
Pilot Certificate Number:		
Certificate Type: Student Pr	ivate Commercial ATP Sport Recreational	
Driver's License Number:	State: Expiration:	
Birthdate:	Citizenship: US Other	
(If you are not a U.S. Citizen, you may requ	ire additional steps to legally fly in the United States, especially if you are a student pilot.	
Contact the nearest I	FAA Flight Standards District Office (FSDO) for more information.)	
Date of Last Flight Review:	(NA if Student Pilot)	
Date of Last FAA Medical:		
If operating under "Basic Med":	I certify that I meet all requirements of the Basic Med rule	
Date of Last Basic Med Phys	ical Exam:	
Date of Last Medical Education	ion Course:	
List two personal references and o	ne credit reference (name, address, phone):	
Personal #1		
Personal #2		
Credit		

Please answer the following questions:

1. Have you previously been a member of this or any other flying club? (circle one) YES / NO

1a. If yes, give details, including the name and city of the club, dates of membership, and reason for leaving:

If you answer YES to questions 2-5 below, attach an explanation on a separate sheet.		
2. Have you ever been cited by the FAA for a violation of the FARs? YES / NO		
3. Have you ever been involved in an aircraft accident or incident? YES / NO		
4. Have you ever been convicted of any criminal or civil offense, other than a traffic violation?	YES / NO	
5. Have you ever been convicted of any drug or alcohol related offense, including DUI?		
If yes, and you have subsequently taken a FAA physical, was it reported?	YES / NO	
Mishawaka Pilots Club (MPC) Affiliation I am currently a member of the MPC, or intend to join at their next meeting I will not be joining the MPC, and understand that I am not permitted to fly aircraft p temporarily based at the Mishawaka Pilots Club Airport (3C1) unless I am a MPC member Please initial the following: I have read, understand, and agree to abide by the MAA Bylaws. I have read, understand, and agree to abide by the MAA Policies and Procedures.	permanently or per	
 I agree to fulfill all financial obligations to the MAA, including dues, fees, and rental chat I certify that the information contained in this application is correct to the best of my knot I agree that any misrepresentation made by me in this application will be sufficient cause cancellation of this application and/or termination of membership. All facts stated in this application are open to investigation and verification by the MAA, any person or business from any liability or damage whatsoever for issuing same. I hereby apply for membership in the Mishawaka Air Activities, Inc. Flying Club (MAA). 	owledge. e for	

(Signature of Applicant)

(Date)

Attach copies of Pilot Certificate, Medical Certificate, Driver's License, and Basic Med Education Course Certificate (if applicable) to this application Complete separate Pilot History Form (required by our insurance company)

For internal MAA Use Only:				
Date received:	Board recommendation: IN FAVOR / AGAINST (attach explanation if against)			
Results of membership vote: APPROVED / DENIED				
Schedule Master Account Created	Initiation Fee Paid Orientation Complete			
Copies of required documents submit	tted Pilot History Form submitted			