



ARTISAN

### Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Name Spouse/S.O. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

In Case of Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

Employed By \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Flight Experience, please check as appropriate:

- |  |  |
|--|--|
| <input type="checkbox"/> Private Pilot                                 | <input type="checkbox"/> Airline Transport Pilot           |
| <input type="checkbox"/> Complex Endorsement                           | <input type="checkbox"/> High Performance Endorsement      |
| <input type="checkbox"/> ASEL (airplane single-engine land)            | <input type="checkbox"/> Instrument Rating                 |
| <input type="checkbox"/> CFII (certified instrument flight instructor) | <input type="checkbox"/> CFI (certified flight instructor) |
| <input type="checkbox"/> Commercial Pilot                              | <input type="checkbox"/> Other _____                       |

Estimated Total Hours \_\_\_\_\_ Estimate Retract Hours \_\_\_\_\_

Accident, Incident, or FAA Violation History: Use back of form or attachment or write "None".

Estimated number of hours you expect to fly a year \_\_\_\_\_

Date of last Flight Review or Date and Class of FAA Wings \_\_\_\_\_

Date of most recent Medical Certificate \_\_\_\_\_ 3<sup>rd</sup> Class \_\_\_ 2<sup>nd</sup> Class \_\_\_ 1<sup>st</sup> Class \_\_\_ Basic Med \_\_\_

***I have read, understand & agree to comply with the Constitution and Bylaws of Artisan Aviation, Inc.***

Print Name: \_\_\_\_\_

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