

Peninsula Flying Club, Inc.

PO Box 3254

Sequim, WA 98382

Avemco Insurance Company

Membership Application & Pilot Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobil: _____

Date of Birth: _____ Email Address: _____

FAA Pilot Cert. #: _____ Date of Last Flight Review: _____

Date of Last FAA Medical: _____ Class of FAA Medical: **3rd 2nd 1st**

Type of Pilot Certificate Held: Student Private Commercial ATP Recreational Sport

Aircraft Ratings Held: **SEL MEL SES MES IFR Rotocraft Glider CFI CFII MEI LTA**

Pilot Logged Hours: (Enter your logged pilot hours for each category listed below):

_____ Total Logged Hours	_____ Floats (Straight or Amphibious)
_____ Last 12 Months	_____ Amphibious (Hull Bodied Amphibian)
_____ C 172 Hours	
_____ Constant Speed Propeller	_____ Instrument (Actual)
_____ Retractable Gear	_____ Instrument (Simulated)
_____ Tailwheel	
_____ Multi Engine	_____ Glider

Within the past 36 months, have you:

- | | | |
|--|-----|----|
| 1. Been cancelled, declined, or refused renewal on an aircraft insurance policy? | Yes | No |
| 2. Had an aircraft accident, incident, or insurance claim? | Yes | No |
| 3. Had your pilot's or driver's license surrendered, suspended, or revoked? | Yes | No |
| 4. Been arrested or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol? | Yes | No |
| 5. Been convicted of, or plead guilty or "no contest" to a felony or misdemeanor other than parking violations? | Yes | No |

On Back, Please explain fully any "Yes" answers to the questions above:

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance containing any false or misleading information or any fact material thereto, commits a fraudulent insurance act, which is a crime.

I understand that the **Peninsula Flying Club, Inc.**, and/or **Avemco Insurance Co.** reserves the right to verify the information provided.

Signed: _____ Date: _____

Please mail this Form and photocopies of Pilot Certificate, and Current Airman's Medical Certificate.