

Kitsap Aviation Squadron Membership Application

Page 1 of 2

Applicant Information					
<u>Last Name</u>		<u>First Name</u>		<u>Middle</u>	
Physical Address					
<u>Street</u>		<u>City</u>		<u>State</u>	<u>ZIP</u>
Mailing Address					
<u>Street</u>		<u>City</u>		<u>State</u>	<u>ZIP</u>
<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Fax</u>	<u>E-Mail Address</u>	
<u>Date of Birth</u>	<u>Eye Color</u>	Male () Female ()	<u>Height</u>	<u>Weight</u>	Married () Single ()
<u>Driver's License #</u>		<u>State</u>	<u>Occupation</u>		
<u>Employer</u>			<u>Employer Address & Phone</u>		
Emergency Information					
<u>Name of person to notify in case of emergency</u>				<u>Phone</u>	
<u>Street</u>		<u>City</u>		<u>State</u>	<u>ZIP</u>
Education (check those completed)					
Elementary ()	High School ()		College ()	Trade ()	Other ()
<u>Hobbies & special interests</u>					
Military Service					
<u>Active ()</u>		<u>Reserve ()</u>		<u>Retired ()</u>	
<u>Army ()</u>	<u>Navy ()</u>	<u>Airforce ()</u>	<u>Coast Guard ()</u>	<u>Marines ()</u>	<u>Other ()</u>
Pilot's License					
Have License Yes () No ()	<u>Type</u>	<u>Number</u>	<u>Total time as PIC</u>	<u>Date of last BFR</u>	
<u>Aircraft Model(s)</u>			<u>Approx. Total Hrs. at PIC</u>	<u>Date of Last Flight</u>	
<u>Other Relevant Experience:</u>					

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Page 2 of 2

Medical Certificate				
Have Medical Yes () No ()	<u>Class</u>	<u>Date</u>	<u>Number</u>	<u>Examiner's S/N</u>
<u>Disease, disability, handicaps, limitations. If YES, explain below Yes () No ()</u>				
References				
<u>Personal</u>			<u>Phone</u>	
<u>KAS Member</u>			<u>Phone</u>	
<u>Flight Instructor</u>			<u>Phone</u>	
<u>Other</u>			<u>Phone</u>	
Are you willing to serve as a club office if appointed, elected or as a volunteer? Yes () No ()				
Have you ever been arrested? (If YES, please explain below) Yes () No ()				
If you are selected to join the club, do you agree to and will adhere to the current KAS flying rules, bylaws and constitution? (posted on Members only website) Yes () No ()				
<u>Applicant's Signature</u>			<u>Date</u>	
Office Use Only				
<u>Date of Board</u>		<u>Option Offered</u>		<u>Accepted Yes () No ()</u>
<u>Other actions needed</u>				
<u>President's Signature</u>			<u>Date</u>	

Please send completed form to:
e-mail to: coastalaviation.2020@gmail.com