

APPLICATION INSTRUCTIONS

Thanks for your interest in the Upper Valley Flying Club. To complete your application follow the instructions below:

1. APPLICATION

- **a) Application.** Fill out the Application form (next page).
- **b) Check**. Make out a check to Upper Valley Flying Club, Inc. for the application fee of \$100. You may apply fully funded as well.

	Cessna 172 Only	Cessna 182 Only	Both Types
Application Fee*	\$100	\$100	\$100
Initiation Fee**	\$900	\$950	\$1850
First Month Dues**	\$125	\$125	\$125
TOTAL	\$1,125	\$11 <i>75</i>	\$2075

^{*} Required

c) Mail. Send to PO Box 1201, White River Junction VT 05001.

2. ONCE APPROVED

- **a)** Complete DMV Form. Fill out a DMV records request. Make sure you request a complete certified record (not three-year or less and not un-certified). We have provided the forms for VT and NH in the documents page of the website. If you're from elsewhere, you'll need to get the forms yourself.
- b) Mail DMV Form. Mail the DMV form to your DMV. Do not mail it to us!
- **c) Deliver Certified Record**. When you receive your certified record, mail the original to the club (PO Box 1201, White River Junction, VT 05001).
- **d) Complete Gate Pass Form**. Once we have your driving record, you can apply for a gate pass. Fill out the application for gate pass at the Lebanon Airport. We have provided this form in the documents page of the website. **Do not send this to us!** Take this form to the airport offices located on the second floor of the terminal building (M-F, 9a-4p).

^{**} May be paid when membership is granted.

UPPER VALLEY FLYING CLUB

MEMBERSHIP APPLICATION

Please print clearly and complete all applicable items. This form must be accompanied by an application fee of \$100. You may also include an aircraft deposit and dues in your payment, per instructions on the prior page. Attach a copy of your state driver's license, your medical certificate, student pilot, pilot and/or instructor certificates, if applicable).

Date	Mai	l to: Upper Valley Flying		, White River Junction VT 05001 ail to treasurer@uvflyingclub.org
Name		Date of Birth		, , ,
Address		Home Phone		
City	StateZip	Work Phone		
U.S. Citizen ☐ Yes ☐ No	Citizenship?	Cell Phone		
Permanent Address		Email		
City	State Zip			
In Emergency Notify	<u>-</u>	Phone		
State Driver's Licence Num	ber State	Issue Date	Ex	xp Date
List a reference other than a relative who knows you well: Name				none
Did a current member recr	uit you? If so, whom?			
Pilot Certificate Number _	Type	Issue Date	R	atings
Flight Time Logged: Total	Time PIC Dual	Night	X/C	_ IFR IMC
Most recent flight review or	rating: Date Training Airpo	ort FB0	O C	
	Instructor			
Where did you most recent	ly fly regularly? Airport	FI	BO	
	Phone		ontact	
•	ollowing questions is yes, please provide an e	=	e side of this form.	
Have you ever been convicted of or pleaded no contest to a DWI offense?Have you ever had your drivers license suspended or revoked?				☐ Yes ☐ No ☐ Yes ☐ No
Have you ever had y Have you ever been	•	☐ Yes ☐ No		
• Have you ever had y	☐ Yes ☐ No			
pre-funding or electronic pays a Club officer that this applica Laws, Standard Operating Pro I agree to hold harmless the U any association with the Club	and that I am not authorized to take instruction ment arrangements have been made and that I a tion has been approved. If accepted for member occdures and Flight Standards. I understand that I pper Valley Flying Club, Inc., its officers, member for any reason including, but not limited to, my hat the information I have provided on this appld screenings.	m not authorized to pilot a on ship, I agree to familiarize me there are significant risks asers, lessors, and agents for a failure to duly observe prov	Club aircraft as Pilot nyself with and abide ssociated with flight in ny loss or injury resu isions of a Club By-I	In Command until notification by by and be subject to the Club By- n small airplanes which I accept and lting from my use of Club aircraft o aw, Standard Operating Procedure,
Signature		Date		
If an applicant is under 18,	signature of parent or legal guardian who ago	rees to the certification sta	atement above is re	quired below.
Signature	Print Name	e	Date	
OFFICE USE ONLY Version 1.8 2/1/2021	Receive Date Payment Payment Receive Date Payment Pa	ceived 🖵 Amount \$	Check Num	ber