



# Wild River Flying Club, Inc

## Application for Membership

I am applying for a membership in the Wild River Flying Club, Inc. I have seen the airplanes and toured the hangars. I have also been advised of the rules, regulations, and obligations of membership and have read and understand the operations manual and by-laws. I am willing to actively participate in the monthly meetings and activities of the Club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HM Ph: \_\_\_\_\_ Off Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

DOB (MM/DD/YYYY) \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver License # & State: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Family Members' Names and Relationship: \_\_\_\_\_  
\_\_\_\_\_

Any other family members pilots or interested in being in the Club? \_\_\_\_\_

License Class: \_\_\_\_\_ Rating(s): \_\_\_\_\_

Total Hours: \_\_\_\_\_ Total Hours Last 12 months: \_\_\_\_\_

Type Aircraft Endorsed to Fly: \_\_\_\_\_

Pilot License #: \_\_\_\_\_ Flight Review Expiration Date: \_\_\_\_\_

Medical Class: \_\_\_\_\_ Medical Expiration Date: \_\_\_\_\_

Any Aircraft Accidents or Loss of Aircraft or Drivers License in the Last 12 Months? Yes / No (Circle)

\* Required for Insurance purposes. (If yes, explain on back.)

For what purposes are you interested in joining the club?: \_\_\_\_\_  
\_\_\_\_\_

Character Reference #1 & Tel # \_\_\_\_\_

Character Reference #2 & Tel # \_\_\_\_\_

Please put additional comments or explanations on the back. All information is confidential between the Club and applicant.

Give application to any Club member or mail to:  
Bob Moore, WRFC Treasurer  
518 North Adams Street  
St. Croix Falls, WI 54024