



Sparrow Flying Club - New Member Data Sheet

Aiport Location:	Instructor:
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PERSONAL INFORMATION

Name:	Home Phone # :
Home Address:	Cell Phone # :
City, State & Zip:	Date of Birth:
Email Address:	Drivers License # & State :

IN CASE OF EMERGENCY

Nearest Relative:	Address:
Contact # :	City, State & Zip:

EMPLOYMENT INFORMATION

FLYING & MEDICAL HISTORY

Employer:	Pilot Certificate # :
Employer Address:	Ratings
City, State & Zip	Total Logged Hours Flown:
Start Date:	Total Hours Last 90 Days:
Position:	Last BFR or Check Ride:
Work Phone # :	Instructor (If selected)

SFC OFFICE USE ONLY

Location	Last Medical Date:
Staff ID	Medical Class (1st 2nd 3rd)
Payment Type	Have you ever had an aircraft accident? Yes No (Please describe)
Amount	
Regular	Has your license ever been revoked or suspended? Yes No (Please describe)
Family	
User Name	

Certification

I certify that this information is correct and is given to the Sparrow Flying Club for the purpose of obtaining membership.	
Signature	
Date	



Sparrow Flying Club - Membership Agreement & Payment Information

In consideration of the privileges of the flying club-owned or leased aircraft, the undersigned hereby:

- 1) Acknowledges receipt of a copy of the Club's Membership Guide in effect as of June, 2015 and any amendments thereto.
- 2) Agrees to the provisions of the Membership Guide and any amendments thereto.
- 3) Agrees to pay for monthly dues, flying charges and other fees, charges and assessments incurred as a member by the 2nd day of the month in which billed; and agrees to pay a past due fine amounting to 5% on any unpaid balance carried after the 15th of that month.

Name: _____ Signature: _____

Payment Information

Sparrow Flying Club gives our members two options for account handling.

Option 1 - Credit/Debit Card or Option 2 - Positive Account Balance (PAB)

Please carefully consider what is most convenient for you and provide the necessary information below.

NOTICE - If your choice is Option 2 PAB - YOU are still required to provide and MAINTAIN on file at all times current information for credit/debit or echeck processing. **In addition**, you must sign this authorization giving Sparrow Flying Club the right to charge the credit/debit or echeck for the balances due on your account in the event your balance falls into the negative for more than 15 days unless there is a written agreement on file.

Name on Account			
Account Billing Address			
City, State & Zip			
Credit or Debit Card:	AMEX VISA MC Other	Exp Date	Security Code:
Credit/Debit Card Number:			
SELECT PAYMENT OPTION			
Option 1 - Card	Credit/Debit Card will automatically be charged on 2nd of each month for member dues and for any balance due and/or when selected by Member on Sales Receipt. INITIALS		
Option 2 - PAB	Member agrees to regularly deposit funds into account thereby maintaining a Positive Account Balance at all times to include monthly dues added on 2nd of each month . Electronic Account Information will be put on file and only be charged if the account balance becomes negative for more than 15 days - on the 17th of each month. INITIALS		

CERTIFICATION

AUTOMATIC ELECTRONIC CREDIT CARD PAYMENT AUTHORIZATION: THE SIGNATURE BELOW AUTHORIZES SPARROW FLYING CLUB TO CHARGE MY ACCOUNT PERIODICALLY FOR THE BALANCES DUE ON MY ACCOUNT.

Card Holder Signature

Date