

# FLYING PARTICLES, INC.

PO Box 1109, Livermore, CA 94551-1109

Contact Membership VP: Doug Homoelle (925)-422-7435

A NON-PROFIT OWNERSHIP FLYING CLUB

[www.flyingparticles.org](http://www.flyingparticles.org)

## Application for Membership

FULL LEGAL NAME		
DATE OF BIRTH		OCCUPATION
HOME TELEPHONE	WORK TELEPHONE	EMPLOYER
HOME ADDRESS		WORK ADDRESS MAILSTOP
CITY	STATE	ZIP CODE
EMAIL ADDRESS		EMERGENCY CONTACT
Pilot Certificate Number		Last Biennial Flight Review / Date
Ratings Held		Last FAA Medical Exam (Enter Class and Date)
Limitations as of Last Medical Exam		Name and Telephone No. of most recent Flight Instructor
Have you had any aviation-related accidents or violations? (If yes, attach explanation)		
Have you ever been arrested for driving under the influence of alcohol? (If yes, attach explanation with date of occurrence)		
Total Flight Hours & PIC Hours (Enter Type and Hours)		Total Hours Last 6 Months
Cross-Country Pilot-in-Command Hours Last 3 Years		Total Cross-Country Hours (Dual + Solo)
<i>The information above is required for purposes of insurance coverage and club safety practices. It is the responsibility of each member to update such information when it becomes available, and to operate club equipment in accordance with the privileges and limitations of the above listed licenses and examinations.</i>		
How did you learn of Flying Particles, Inc.?		

The club is incorporated with all members sharing in the operation and continuance of the club and receiving the benefits of the organization

In consideration of becoming a \_\_\_\_\_ (Insert membership type: Regular, Student 4-seat, Student 2-seat, Family, Instructor, Light Sport) member of the Flying Particles, Inc. I, \_\_\_\_\_ on this date \_\_\_\_\_, 20\_\_\_\_, agree to pay a membership equity deposit on terms established in the By-Laws and Flight Regulations of Flying Particles, Inc., and I agree to pay all dues and assessments upon presentation.

I understand the privileges and responsibilities of membership and agree to treat club property in a reasonable manner, observing common safety practices and due consideration for property belonging to other members of Flying Particles, Inc.

It is understood that my membership equity deposit and monthly dues do not cover the costs of flying and instruction or the cost of necessary licenses, currency training and medical fees that may be required.

Furthermore, I agree on my own behalf and that of Relatives, Assigns, or Representatives, not to hold Flying Particles, Inc., or members thereof (either jointly or severally) liable in the event of my injury or death; and for consideration of membership therein

(It is the responsibility of each member to exercise his/her membership by regular attendance of meetings and by active participation in club functions.)

I hereby apply for membership in Flying Particles, Inc. All information herein is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Individual membership is subject to approval by the Executive Board of the Flying Particles, Inc.

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Privacy statement: It the policy of Flying Particles Inc. to keep all private information private. We will not share information, nor will we post it on the internet. You are providing information that is needed for the proper conduct of FPI business.

Flying Particles is an organization based on the ethic of volunteering—we have no paid staff and benefit from the diverse skills our members bring to our club. Please describe your skills that might be useful to your co-owners (for example; web design, marketing, aircraft maintenance, business management, etc.)

---

---

---