

APPLICATION FOR MEMBERSHIP

If you have any questions regarding this application, please leave a message on the RVFC line at 541.774.7700 and a membership representative will return your call. Please remember we are an all-volunteer organization, so it may take a couple of days.

| For which membership type a | Date | | | | | |
|--|---|--|------------------------------|--|---|----------------------|
| Individual Flying Members Individual pays a \$750 non-reinitiation fee plus \$50 per mordues. | fundable | Family Flying Membership Each flying member completes an application and pays a non-refundable initiation fee of \$750. One member pays \$50/month dues. Additional family members pay \$25 per month in dues. | | Associate Membership Family Associate Membership Individual pays \$15 per month in dues. There is no initiation fee. No fee for one additional family member. Each member completes an application | | |
| I hereby make application for member Policies and Procedures, and all regularized financially liable for all damages not of payment of any and all debts owed by ALL applicants complete the | plations and rules of the covered by insurance y me regarding the us | ne Club. I understand that, in our insuring agreements. I furth | case of dam ner agree tha | age or at I am | liability in excess of individually and per | Club insurance, I am |
| First Name | | Middle Name | | | Last Name | |
| DOB | <u> </u> | | | | | |
| Home Address | | City | | _ | State | Zip |
| Mailing Address | | City | | _ | State | Zip |
| Email | | | | | | |
| Home Phone | | Cell Phone | | Work Phone | | |
| Emergency Contact: First & Last Name | | Relationship | | Phone Number | | |
| Why do you want to join the fly ☐ I am an existing pilot. ☐ I am an existing pilot and w ☐ I want to learn to fly. ☐ I want to support the flying ☐ Other: | ant to fly the club p | |) | | | |



| The | Rogue Valley Flying Club is a voluntee | er organization, wh | ich makes flying so afforda | ble. I would be interes | sted in helping v | vith the following: |
|-----|--|---------------------|-----------------------------|-------------------------|---------------------------------|------------------------------|
| | Membership Meeting Support Activities Support | | Support cial Media | | Aviation Relat Financial Man | ed Community Support agement |
| | at kinds of hobbies or expertise do you anizational. | have or enjoy that | you would share with the c | llub? For example, ma | arketing, legal, c | cooking/grilling, |
| | APPLICANTS UNDER 18 COM | PLETE THE FC | DLLOWING | T APPLICABLE | | |
| Fi | rst Name | Mi | ddle Name | La | ast Name | |
| D | OB | | | | | |
| Н | ome Address | | City | St | ate | Zip |
| M | ailing Address | | City | St | ate | Zip |
| Er | mail | | | | | |
| Ву | Home Phone Cell Phone Work Phone By signing below, I affirm that the information I have supplied in this application is true and accurate to the best of my knowledge, grant the Clubermission to verify any of the same, and that I will abide by and adhere to the terms of this application. | | | | | |
| For | applicants under 18, Parent/Guardian | must complete the | following information: | | | |
| Me | ereby consent to my minor child mber of the Rogue Valley Flying Club, a ticipation. I further agree to be bound b | | | | | |
| | _ I have signed the Waiver of Liability | and Hold Harmless | s Agreement. (initial) | | | |
| Pr | int Name of Parent/Guardian | | Signature of Parent/Guard | an | Date |) |
| | | | | | | |

Continued on next page.



☐ FLYING MEMBERS COMPLETE THE FOLLOWING ☐ NOT APPLICABLE

| ave you even been involved in an aircraft accident? Y N as the FAA ever filed a violation against you? Y N as an FAA Medical ever been denied or restricted? Y N as the Rogue Valley International Airport Authority ever filed a complaint or violation against you? Y N you have answered YES to any of the above questions, please provide details on a separate piece of paper and submit with this application. |
|---|
| AA Medical /hich of the following medical exams have you most recently completed? (check one) Class I |
| viation Experience otal PIC hours Hours Flown in last 12 months |
| st types of aircraft flown: |
| /hat certificates or ratings do Student Private Du hold? Student Student CFI CFI CFII Ate of last Flight Review river's License # State Expiration |
| izenship – select one of the following statements: I am a citizen of the USA. I am not a citizen of the USA. |
| of of citizenship will be required to be shown to the CFI prior to commencing flight training. This AOPA link provides more information: tps://www.aopa.org/advocacy/pilots/alien-flight-training-program/us-citizens-seeking-flight- |
| ining#:~:text=Proof%20of%20citizenship.,a%20government%2Dissued%20picture%20ID |
| plicant agrees to pay a \$750 Initiation Fee upon the Club's acceptance of this Flying Member application. Applicant understands and accepts that Initiation Fee is wholly non-refundable and that all privileges which accompany Flying Membership status shall immediately terminate should mber terminate membership or choose to change to Associate Member status or if Club terminates membership for cause. <u>Unless involving a e-time membership inactivation</u> , should a member choose to later change back to Flying Member status, applicant further understands that other Initiation Fee will be required and Flying Membership dues will be levied henceforth. |
| ntinued on payt page |



| ALL applicants initial each of the following statements: I understand that I need to keep a credit card on file to pay for membership dues and flight time. Arrangements may be made to pay cash in advance. | | | | | | | | |
|---|-----------------------------------|---|--|--|--|--|--|--|
| I understand and agree that all Club invoices are due and will be paid upon receipt. I understand that dues not paid within 60 days are presumed to mean that I am no longer interested in membership. I will be personally responsible for the payment of all dues and flight charges I incur as a member of the Club and any collection fees incurred by the Club in the collection of monies I owe the Club. | | | | | | | | |
| Membership will begin on the day that the membership is approved. Dues are not prorated. If desired, applicant can request dues to begin on the first day of the month following approval of application. | | | | | | | | |
| I have signed and included the Waiver of Liability and Hold Harmless Agreement. | | | | | | | | |
| I, the undersigned member of the RVFC have access comply with said rules as a condition of Club member Procedures of the club. Members will be notified of complete to terminate my membership with the club BoardMembers@rvfc.club. | ership. I am res changes by em | sponsible for knowing and nail and are responsible fo | following the Bylaws ar r knowing and following | nd Operational Policies and any changes. | | | | |
| By signing below, I affirm that the information I have supp permission to verify any of the same, and that I will abide Print Name | by and adhere | | cation | | | | | |
| riiit Name | Signature | | | Date | | | | |
| FOR OFFICE USE ONLY: Three board members are required to approved membership. The following RVFC Board Members have approved this application: | | | | | | | | |
| Name | Date | Method of Approval | | | | | | |
| INGILIE | Dale | Method of Approval | | | | | | |
| | | | | | | | | |
| Initiation Fee Received Date: Check # _ | | or Paid with Credit Card _ | | l | | | | |