

**Smoke Eagles, Inc**  
**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Employer (Name and Address) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency Contact (Name & Address) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Pilot Rating(s) \_\_\_\_\_ Pilot License Number \_\_\_\_\_ Medical Cert. Exp. Date \_\_\_\_\_

Flight Time \_\_\_\_\_  
Total \_\_\_\_\_ Pilot in Command \_\_\_\_\_ Dual \_\_\_\_\_

Date of Last BFR \_\_\_\_\_

Type of Aircraft Flown and Approx. time in each.

Have you had any Accidents, License Suspensions, or Violations filed against you by the FAA? ( ) Yes ( ) No If yes please explain on a separate sheet of paper.

**Acknowledgment**

I have read and understand all stipulations and regulations set forth by the Bylaws and Policy Document of the corporation. Any violations of these Bylaws and Policy Document render me liable.

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