

**Please read the Privacy Act Statement on the back of this form**

MONTEREY NAVY FLYING CLUB  
1600 Airport Road  
Monterey, CA 93940  
(831) 372-7033

APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ MEMBER # \_\_\_\_\_  
DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (EMAIL) \_\_\_\_\_

ELIGIBILITY FOR MEMBERSHIP

( ) Active Duty Military Rank/Grade \_\_\_\_\_ Service \_\_\_\_\_ Unit \_\_\_\_\_  
( ) Reservist Rank/Grade \_\_\_\_\_ Service \_\_\_\_\_ Unit \_\_\_\_\_  
( ) Qualified Civilian Grade/Title \_\_\_\_\_ Activity \_\_\_\_\_  
( ) Retired Military Rank/Grade \_\_\_\_\_ Service \_\_\_\_\_  
( ) Dependent of Active Duty ( ) of Retired ( ) of Civilian

Sponsor's Name \_\_\_\_\_ Rank/Grade \_\_\_\_\_ Service \_\_\_\_\_

FLYING EXPERIENCE (Please indicate certificate(s) and Ratings held)

( ) Student ( ) Private ( ) Commercial ( ) Instrument ( ) CFI ( ) CFII  
( ) ASEL ( ) AMEL ( ) Rotorcraft ( ) Other Certificate #: \_\_\_\_\_

FLYING TIME: ASEL \_\_\_\_\_ AMEL \_\_\_\_\_ NIGHT \_\_\_\_\_ RETRACT \_\_\_\_\_ TAIL WHEEL \_\_\_\_\_  
PIC \_\_\_\_\_ Dual \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

Date, Type and Location of last Biennial Flight Review \_\_\_\_\_

MEDICAL: Class \_\_\_\_\_ Date of Examination \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(A copy of your current Medical and Pilot Certificate must be kept on file at the Flying Club)

Are you now a member, or have you ever been a member of a military Flying Club? \_\_\_\_\_  
If "YES" to the above, where, and do you have a letter of good standing? \_\_\_\_\_

Have you ever had an aircraft accident or violation? ( ) YES ( ) NO  
If "YES" please explain the details on a separate sheet of paper.

How did you learn about the Club? \_\_\_\_\_

**By signing below, I am indicating that I have read the Club Constitution, By-Laws, Standard Operating Procedures, and Flying Regulations, and hereby agree to abide by them should my membership be accepted.**

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

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*\*\*SPACE BELOW FOR CLUB USE ONLY\*\*\*\*\*

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Initiation Fee: \$ \_\_\_\_\_ Key Deposit \$ \_\_\_\_\_ Dues \$ \_\_\_\_\_  
Amount Paid with application: \$ \_\_\_\_\_ Dues Commence on: \_\_\_\_\_  
File \_\_\_\_\_ Current PIF \_\_\_\_\_ PIC Card \_\_\_\_\_ Computer Entry \_\_\_\_\_

PRIVACY ACT STATEMENT OF 1974

AUTHORITY:

10 U.S.C. 5013, Secretary of the Navy and E.O. 9397.

PURPOSE:

To indicate income from collection of membership initial and monthly dues; to provide an audit trial for the auditors; and to confirm memberships, upon request.

ROUTINE USES:

This information may be used by the Monterey Navy Flying Club (MNFC) Manager and its Board of Directors (BOD) to ensure proper execution of and to provide direction for all MNFC operations. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b) (3) as listed on <http://privacy.navy.mil/privacy/noticenumber/routineuses.asp>.

DISCLOSURE:

Voluntary. However, failure to provide the requested information may result in denial of MNFC membership.

CREDIT CARD INFORMATION (FILLING OUT THIS DOCUMENT CONSTITUTES AUTHORIZATION TO USE YOUR CREDIT CARD FOR AUTHORIZED MEMBERSHIP CHARGES)

NAME (AS IT APPEARS ON THE CARD): \_\_\_\_\_

CREDIT CARD TYPE (CIRCLE):    VISA        MASTERCARD        DISCOVER

CREDIT CARD NUMBER

CREDIT CARD EXP DATE (MM/YY)

CVS NUMBER (LOCATED ON BACK OF CARD)

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