

**FINGER LAKES AREA PILOTS, INC.
P.O. BOX 606
SENECA FALLS, NY 13148**

MEMBERSHIP APPLICATION

First Name: _____ MI: ____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Cell Phone:(____)____-_____

Home Phone:(____)____-_____ Work Phone:(____)____-_____

E-Mail: _____ Date of Birth:____/____/____

Pilot Certificate Held (circle): None Student Recreational Private Commercial ATP

Ratings (circle all that apply): INST SEL MEL CFI CFII OTHER_____

Total Flight Hours: _____ Hours in last 12 Months: _____

PA-28 Hours: _____ PA-28 Hours in last 12 Months: _____

Date of FAA Medical: ____/____/____ Date of Biannual:____/____/____

Any FAR Violations: Yes No (circle)

If you answer yes to either of the following two questions, please provide details on a separate sheet.

Has your driver's license ever been revoked or suspended?: Yes No (circle)

Have you ever been convicted of a drug or alcohol related offense? Yes No (circle)

Please mail completed application to: Finger Lakes Area Pilots, Inc.
P.O. Box 606
Seneca Falls, NY 13148

FLAPS holds monthly meetings on the 3rd Wednesday of every month. Email Fingerlakespilots@gmail.com for more information.