



# Member Application

A&E Flying Club of Los Angeles  
P.O. Box 177, Hawthorne, Ca 90251-0177

**Application Type:**  Student  Regular  CFI  Associate

**Name:** \_\_\_\_\_

**Address (street, city, zip):** \_\_\_\_\_

At this residence I:  Own  Rent my:  House  Condo  Apt.

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employed by:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Business Address, City, Zip:** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Personal References:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have a current pilot certificate:**  Yes  No | **Certificate #:** \_\_\_\_\_

**Ratings:**  Private  Commercial  ATP  SEL  MEL  IFR  CFI

**Medical Certificate Class:**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> **Date Issue:** \_\_\_\_\_ **BFR Date:** \_\_\_\_\_

**Medical Certificate Restrictions:** \_\_\_\_\_

**Basic Med | Online Exam Completion Date:** \_\_\_\_\_ **Physical Exam Completion Date:** \_\_\_\_\_

**Has any certificate issued to you by the FAA ever been suspended or revoked?**  Yes  No

**Have you ever been involved in an aircraft accident:**  Yes\*  No

(\*If yes, provide explanation on separate sheet of paper)

**Total Flight Time (PIC + Dual)** \_\_\_\_\_ **PIC** \_\_\_\_\_ **Instrument** \_\_\_\_\_ **Night** \_\_\_\_\_

**Total Retractable Time (PIC + Dual)** \_\_\_\_\_ **Type of retractable aircraft flown:** \_\_\_\_\_

**Referring Member(s) or Source:** \_\_\_\_\_

### Emergency Contact Information

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address (street, unit, City, State, Zip):** \_\_\_\_\_

I certify the above information is true and correct. All flight activities in A&E Flying Club aircraft will be conducted in accordance with current FAA regulations. I authorize the A&E Flying Club to obtain a current credit report on me and use it to evaluate this application.

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

Attach a copy of driver's license, pilot's license and all certificates, medical and last BFR endorsement. REV 6.2025.07.RC