



PILOT MEMBER APPLICATION

Please Print or Type ONLY!!!!

Name (First/Middle Initial/Last) _____ Date _____

Street (or P.O. Box) _____

City _____ State _____ Zip _____

Day Phone _____ Night Phone _____

FAX _____ Cell _____

Business Name: _____ Birthdate: _____

Email (REQUIRED) _____

Languages spoken fluently besides English: _____

General Pilot Information

Flying Time Total Years: _____ Total Hours: _____ Total IFR Hours: _____

Experience Levels: ASEL ATP IFR
 CFI Commercial Multi

BFR Expiration Date: _____

Pilot Certificate (License) # _____ Medical Expiration Date: _____

Base Airport: _____ Airport Identifier _____ FBO _____

Aircraft Information

Own Rent Make _____ Model _____ Call Sign N

Single Multi Jet Turbo Prop IFR Certified Pressurized Annual (mm/dd) _____

Useful Load _____ (lbs) Seats _____ Speed _____ (knots) Range _____ (hrs) Hourly Cost \$ _____

(Available for passengers and baggage)

I AM AM NOT Available for flights during normal business hours.

I AM AM NOT Available for flights during evenings.

I AM AM NOT Available for flights during weekends.

Please include a copy of the declaration page of your aircraft insurance policy with your completed application.

Contributions to Angel Flight East are tax deductible.

I understand and acknowledge that by agreeing to fly and by flying missions and patients requested through Angel Flight East, I am neither an employee nor an agent of Angel Flight East and that I do so purely as a volunteer. As part of my volunteer status, I agree that I am fully responsible for each mission I fly. Before each mission I agree to verify that the aircraft I am using is airworthy and has a current annual/periodic inspection, that there is current liability insurance in effect for that aircraft and pilot, and that my medical certificate and pilot requirements are current for that mission. I also agree to have each passenger on each mission sign a Waiver of Liability form before each flight.

I agree to indemnify and hold harmless Angel Flight East against any claims or suits arising out of my failure to comply with the above.

Applicant's Signature

Date