

# MISHAWAKA AIR ACTIVITIES, INC. APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sponsored By: \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number \_\_\_\_\_ email \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

- 1) Have you ever been a member of this or any other flying club before? (circle one) **YES NO** If yes, give details, including name and address of club (other than M.A.A.), reasons for leaving, etc.
- 2) Have you ever been convicted of any drug or alcohol related offense (including driving while under the influence of same)? (circle one) **YES NO** If yes, give dates and details. If you answered yes and you have taken an F.A.A. Class I, II or III physical since, did you report to the proper authority at that time?
- 3) Have you ever been convicted of anything other than a traffic violation? (circle one) **YES NO** If yes, give details.
- 5) Why do you want to join the Mishawaka Air Activities?
- 6) List three credit and three personal references

Credit (Name, address and phone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal (Name, address and phone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU HAVE A CURRENT, VALID F.A.A. CERTIFICATE OR ARE A STUDENT PILOT, ANSWER THE FOLLOWING:**

Type, certificate number, ratings as stated on certificate:

Have you ever been denied an F.A.A. certificate or had a valid F.A.A. certificate suspended or revoked: (circle one) **YES NO** If yes, give details.

Have you ever been cited for any violation of F.A.A. rules and regulations or been involved in an incident that has been reported to the F.A.A. or the N.T.S.B.: (circle one) **YES NO** If yes, give details.

If you have a valid pilot's license, give the date of your last B.F.R. (or the date you received you private license or last current rating).

Do you have a current medical certificate? (circle one) **YES NO** If yes, give the date of the last medical examination and Class type.

If you have a pilot's license, list the total number of hours as pilot in command.

Who is your instructor?

I hereby apply for membership in the Mishawaka Air Activities, Inc. (M.A.A.). If accepted and upon payment of the initiation fee, I agree to be bound by and conform to the bylaws and rules of the M.A.A. in force at that time. I WILL MAKE APPLICATION TO, PAY THE INITIATION FEE AND ANY OTHER AMOUNTS DUE TO BECOME AND CONTINUE TO BE A MEMBER OF THE MISHAWAKA PILOTS CLUB, (M.P.C.) PRIOR TO MY BECOMING A MEMBER OF THE M.A.A. I UNDERSTAND THAT M.A.A. MEMBERSHIP IS CONTINGENT UPON MY MEMBERSHIP IN THE M.P.C.

I certify that the information contained in this application is correct to the best of my knowledge and I agree that any misrepresentation made by me in this application will be sufficient cause for cancellation of the application and/or for separation from my membership in the future. All facts stated in this application are open to investigation and verification by the M.A.A. and I release any person or business from any liability or damage whatsoever for issuing same.

Signature of Applicant: \_\_\_\_\_ Signature of Sponsor: \_\_\_\_\_

Return this Application to:  
**Mishawaka Air Activities, Inc.**  
**P.O. Box 303**  
**Osceola, IN 46561**

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For M.A.A. Use Only

Date application received: \_\_\_\_\_

Investigation Report: (Credit, References, F.A.A., D.O.T., etc.)

Favorable, recommended for approval

Not Favorable, Committee does not recommend for approval

Comments:

Vice President & Chairman of Interview Committee Report:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_