

# Crosswinds Flying Club, Inc.

PO Box 432, Bloomington, IL 61702



## Pilot Information Form:

Current Date (mm/dd/yyyy)

### Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

Alternate Phone:

E-mail Address:

Driver's License Number / State Issued:

Birth Date:

Occupation:

### Pilot and Flying Time Information

FAA Pilot Certificate Number:

Ratings:

FAA License Type:

Medical Due Date:

Biannual Due Date:

Has your driver's license or pilot's license ever been suspended or revoked?  Yes  No

### Time in various categories:

Tail Wheel:

Constant Prop:

Retract:

Multi Engine:

Pressurized:

Turbine:

Glider:

PA-28 Time:

PA-32 Time:

Total Time Including Dual:

Time Last 12-months:

### Emergency Contact Information

Full Name:

Last

First

M.I.

Primary Phone:

Alternate Phone:

Relationship:

### Instructions

Submit a copy of the following items with your name written at the top: **Current Medical**, **Current FAA Pilot's License**, **Flight Review** (in the last 24-months), **Illinois Registration**, **Photo ID** (driver's license or passport), **Proof of US Citizenship** (passport or birth certificate). Print your name **on the top of each form** unless it is printed in the body, i.e. (driver's license, birth certificate, medical).

Bring the completed form and copies to the next meeting, or mail to:

**Crosswinds Flying Club, Inc., PO Box 432 Bloomington, IL. 61702**

**Or Email the completed form to: [webmaster@crosswindsflying.com](mailto:webmaster@crosswindsflying.com)**