



Victoria Flying Club

MEMBERSHIP APPLICATION

#101 - 1852 Canso Road, Sidney, BC V8L 5V5
Phone (250)656-2833 Fax (250)655-0910
e-mail: info@flyvfc.com Web site:www.flyvfc.com

PERSONAL INFORMATION

Date _____

Name _____
LAST FIRST

Address (Home) _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ E-Mail _____

Phone (Fax) _____ Phone (Cellular) _____

Phone (Work) _____ Occupation _____

Emergency Contact _____ Phone _____

Relationship _____ Address _____

FLYING INFORMATION

Last Aviation Medical:

_____/_____/_____
YEAR MONTH DAY

Date of Birth:

_____/_____/_____
YEAR MONTH DAY

Place of Birth:

COUNTRY

Medical Category:

Pilot Licence # _____

Category I

Category III

Category IV

Please check the following Licences & Ratings you hold:

Recreational

Multi

Night

ATR

Private

Instrument

Aerobatics

Float

Commercial

Instructor

Mountain

INSURANCE

All Club aeroplanes carry \$5 million public liability insurance within which single limit coverage for the crew and passengers. Thus in the event of an accident all occupants are covered provided there are not violations of Transport Canada Regulations. Also the hangar and contents are insured and we carry a hangar keepers insurance which covers work on aeroplanes in the hangar.

How did you hear about the Victoria Flying Club?

- Radio Newspaper Website Social Media VFC Staff
 Television Friend Member Other: _____

The Victoria Flying Club has a monthly newsletter that most members receive by email. We also occasionally use email to share important and timely information with our members. Can we add you to our email list?

- Yes No

WAIVER

In consideration of the VICTORIA FLYING CLUB'S acceptance of my application for membership and granting permission to fly its aircraft as pilot or student pilot, whether dual or solo, I accept all risk and responsibility of my personal safety. I release the VICTORIA FLYING CLUB from all claims and actions that might arise therefrom.

IN WITNESS WHEREOF signed _____)
this _____ day of _____, _____)
in Sidney, British Columbia _____) SIGNATURE
_____)
_____)
WITNESS SIGNATURE _____)
_____)
Address _____)

WAIVER - IF YOU ARE UNDER 18 YEARS OF AGE

I, _____, parent or guardian of, _____, request that the VICTORIA FLYING CLUB accept him/her as a member, and in consideration of the VICTORIA FLYING CLUB's doing so and granting my child permission to fly VICTORIA FLYING CLUB aircraft as pilot or student pilot, whether dual or solo, I accept all risk and responsibility for my child's personal safety, I release the VICTORIA FLYING CLUB from all such claims and actions.

IN WITNESS WHEREOF signed _____)
this _____ day of _____, _____)
in Sidney, British Columbia _____) PARENT OR GUARDIAN
_____)
_____)
WITNESS SIGNITUE _____)
_____)
Address _____)