

Arizona Cloudbusters Pilot Information
To be completed by member pilots

Name _____ Spouse _____ Date _____

Phone: Home _____ Work _____ Mobile _____ E-mail _____

Mail Address _____

Employer _____ Hobbies _____

Licenses Type: Pvt _____ Coml _____ ATP _____ Ratings: IFR _____ ASEL _____ AMEL _____ CFI _____ CFII _____
Other _____

Certificate No. _____ BFR due date _____ Medical due date _____

Which airplane are you checking out in? _____

Do you understand the insurance coverage provided by Cloudbusters? _____

Flight time: Total _____ PIC _____ Dual _____ Hi Performance _____ Complex _____ Hrs

This Type _____ Dual this Type _____ Hrs last 180 days _____ Are you current to fly _____

What club activities are you interested in? Safety seminars _____ Social events _____ Sharing flight
time _____ Training _____ Advanced ratings _____ Other _____

What type flying do you do? Pleasure _____ Business _____ Other _____

Have you completed a check out from a club instructor? _____ Instructor's Name _____

Have you supplied the Safety Officer with a copy of your license _____ BFR endorsement _____

Medical _____ Complex endorsement _____ Hi Performance endorsement _____ Flight check
endorsement _____ Other _____

Comments _____

Signature _____ Date _____