



# Lexington Flying Club, Inc.

P.O. Box 863, Post Rider Station  
Lexington, Kentucky 40588

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

## APPLICATION FOR MEMBERSHIP

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL 859 338-4040

Membership:      Full              Couples              Restricted              Associate              **Initiation**  
**Fee:** \_\_\_\_\_

I hereby make application for membership in the Lexington Flying Club, Inc. ("Club"). I agree to abide by the Constitution, By-Laws and all regulations and rules of the Club. I understand that, in case of damage or liability in excess of Club insurance, I am financially liable for all damages not covered by insurance or insuring agreements. I further agree that I am individually and personally liable for payment of any and all debts owed by me regarding the use and/or privileges of the Club's property. If this application is for a Couples' Membership, then we agree that we are individually, jointly and severally liable for payment of any and all debts owed by us. In the event that it is necessary for the Club to collect this account, the undersigned(s) agree(s) to pay all costs and expenses of collection and litigation, including reasonable attorney fees.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
(Unless notified otherwise bills will be sent to your email address)

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

Approx. Total Flying Hours. \_\_\_\_\_

Have you ever been involved in an aircraft accident? \_\_\_\_\_

Has the FAA ever filed a violation against you? \_\_\_\_\_

If YES to either of the last two questions, please provide details on an attached sheet

Do you have a KLEX airport security badge Yes              No

Medical Exam Classification: _____
Medical Exam Date: _____
Bi-Annual Flight Review: _____
Type Certificate: _____
Certificate Number: _____
Certificate Date: _____
Additional Ratings: _____

I certify that all statements made above are true and correct to the best of my (our) knowledge and that findings to the contrary may cause my (our) membership to be revoked without recourse against the Lexington Flying Club, its officers or members.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Applicant)  
Signature \_\_\_\_\_ Date \_\_\_\_\_ (Spouse if Couples Membership)

\* - Important: If you are under 21 years of age, your parents or guardians must sign and date.  
We, the parents/guardians of the above-named individual, grant permission for him/her to join the Club. By permission, we acknowledge that in case of damage to the Club's property by the above-named individual through pilot error, we shall be financially liable for all damages not covered by insurance or insuring agreements. We further agree that we are individually, jointly, and severally liable for payment of any and all debts owed by the above named Applicant.

\* - Signature \_\_\_\_\_ Date \_\_\_\_\_ (Parent or Guardian)  
\* - Signature \_\_\_\_\_ Date \_\_\_\_\_ (Parent or Guardian)