

Annual Membership Update

Please complete form, sign and mail or fax back whenever information changes or yearly.

THIS IS FOR: PILC First Name:					
Day Phone:	Night Phone:		Fax:		
Pager:		Cell Phone:			
E-mail:					
Address:	City:	Cou	inty:	State:	Zip:
Home Base ID:	FBO:		FBO Pho	ne:	
Pilot License Type: ATP	Co	mmercial	Privat	te	
Pilot Ratings: IFR: Yes_	No M	lulti-Engine: Yes	No	Total PIC Hours:	
Multi Engine Instructor (if a	applicable): MI	EI:	MEII		
Single Engine Instructor (if	applicable): CF	I:	CFII	-	
Insurance exp. date: applicable)	Medical Exp	. date:	BFR exj	p. date:	(if
Availability: Weekdays:	Yes No We	eekends: Yes N	No		
Nights: Yes_	No La	st minute flights: Y	es No		
		Aircraft Information	<u>on</u>		
<u>Primary Aircraft :</u> Own	Rent	Club			
Tail Number N	Make:	Model:		Model No:	
# Engines: # Seats	: Cruising s	peed (knots):	Туріс	al Range (nm):	
Pressurized: Yes No	o Ty	pical useful load:	Estim	ated cost per hour:	

By signing below I certify that I am current and will remain current in all applicable aspects of the Federal Aviation Regulations (FAR'S) while flying missions for Mercy Flight Southeast. I will also maintain appropriate personal insurance coverage, if applicable. I further certify that I have at least 250 PIC hours and at least 25 hours in the make and model aircraft I will be using for all Mercy Flight Southeast missions. All MFSE missions are flown under Part 91 of the FAR's. I acknowledge Mercy Flight Southeast requires written notice from any pilot who becomes disqualified by any FAA regulation or accident or enforcement action.