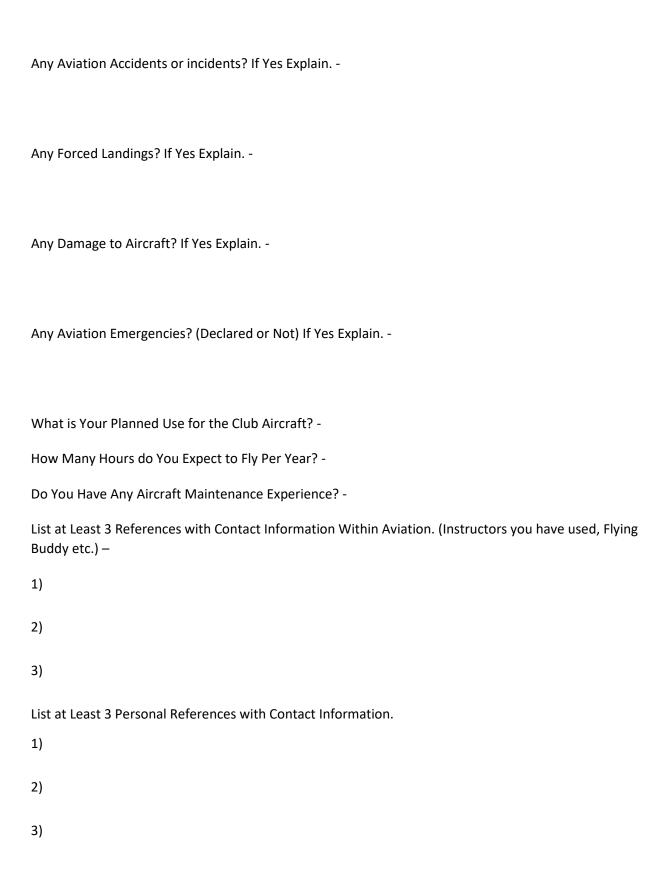
Hedgehoppers Membership Application

Last name -		
First name -		
Email -		
Mobile phone -		
Home Phone -		
Home Address -		
Previous Addresses - Go back 10 years -		
Occupation and employer -		
Length of current employment -		
List employment for the last 10 years -		
Have you previously owned aircraft? If yes explain		
Have you previously been in a flying club of any kind? If yes explain		
FAA Ratings You Currently Hold		
Single Engine Fixed Wing		
☐ Private		
☐ Instrument		
☐ Commercial		
☐ ATP		

	□ CFI	
	□ CFII	
Multi Engine Fixed Wing		
	□ Private	
	☐ Instrument	
	☐ Commercial	
	□ ATP	
С	□ MEI	
Other FAA Rating	gs -	
Total Flight Hours -		
Hours in Cessna Single Engine (150/172/182/etc.) -		
Hours in Piper Single Engine (PA28/PA32/etc.) -		
Hours of Instruction Given (NA if not an instructor) -		
Date of Last Fligh	it Review (BFR) -	
Level of Current Medical Certification		
□ Class 3		
☐ Class 2		
☐ Class 1		
☐ Basic Med		
☐ None		
Date of Last Med	lical Certification -	
Any Checkride or Testing Failures? If Yes Explain		
Any FAA Actions	Against You? (Suspension, Revocation, Investigation, etc.) If Yes Explain	
ny FAA required Re-Evaluations? (709 ride, etc.) -		



Returning this completed form attests that your indicated answers are true. This form may be reviewed with you and you may be required to sign a certification indicating these statements are true.