



# MEMBERSHIP APPLICATION

1500 S.E. 13<sup>th</sup> Street, Deerfield Beach, FL 33441 ♦ (800) 276-0300 • FAX: (800) 278-2300 ♦ info@VitalFlight.org

## READ CAREFULLY

*(Please Print or Type All Information)*

We welcome your membership to Vital Flight, Inc. and suggest you include all the required documentation so we can expedite your membership application. The annual membership application fee for all members is \$50.00. The fee covers processing fees, photo ID with lanyard, pin and shirt. Pilots and Co-Pilots will also receive a Flight Operations Manual. **All Vital Flight Command Pilots MUST have a minimum of 250 PIC Logged Hours and a CURRENT Instrument Rating for the type of aircraft that is being flown.....**

Complete, date and sign this application. Make your **\$50.00** check payable to Vital Flight, Inc. Submit your completed application, required documents and membership application fee to:

Vital Flight, Inc., 1500 S.E. 13<sup>th</sup> Street, Deerfield Beach, Florida 33441. You will receive a confirmation email acknowledging receipt of your application. Once your application has been processed, you will receive a unique Vital Flight Web Site Member Login and Member ID.

### I am applying for Membership as a:

**Ground Member...** (Only Fill out Sections 1 and 4. Enclose a copy of your Driver's License and email a ".jpg photo".)

**Co-Pilot....** (Fill out ALL Sections. Enclose a copy of your Driver's License, Pilot's License, Latest BFR, Current Medical Certificate and email a ".jpg photo".)

**Command Pilot.....** (Fill out ALL Sections. Enclose a copy of your Driver's License, Pilot's License, Latest BFR, Proof of a minimum of 250 PIC logged hours (*copy of the last page of log book*), Current Medical Certificate, Face Page of your Aircraft Liability Policy and email a ".jpg photo". **Pilot-In-Command Aircraft Insurance: Minimum aircraft insurance coverage of \$500,000 liability and \$100,000 each seat.**)

## SECTION 1 – Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ex: \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

If retired, last employer: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you ever been convicted of a felony?

*If you answered "yes" please describe the situation / incident on a separate page. Vital Flight, Inc. reserves the right to perform a background check with the proper authorities.*

## SECTION 2 – Rating Information

**Pilot License Type:**  Private  Commercial  Air Transport Pilot

**IFR Certified:** \_\_\_ Yes \_\_\_ No **IFR Current:** \_\_\_ Yes \_\_\_ No **Multi-engine Rated:** \_\_\_ Yes \_\_\_ No

**MEI:** \_\_\_ Yes \_\_\_ No **MEII:** \_\_\_ Yes \_\_\_ No **CFI:** \_\_\_ Yes \_\_\_ No **CFII:** \_\_\_ Yes \_\_\_ No

**Total Hours PIC:** \_\_\_\_\_ **Medical Expiration Date:** \_\_\_\_\_ **BFR Expiration Date:** \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Have you ever been PIC in a flying accident or incident?

\_\_\_ Yes \_\_\_ No Has your pilot's license ever been suspended or revoked?

*If you answered "yes" to any of the above questions, please describe the situation / incident on a separate page. Vital Flight, Inc. reserves the right to perform a background check with the proper authorities.*

## SECTION 3 – Aircraft Information

**Home Airport Designator:** \_\_\_\_\_ **FBO Name:** \_\_\_\_\_ **FBO Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Primary Aircraft:**  Own  Rent  Club **Category:**  Normal  Pressurized  Experimental

**Aircraft Tail #: N** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Number of Seats:** \_\_\_\_\_

**Number of Engines:** \_\_\_\_\_ **Cruising Speed (knots):** \_\_\_\_\_ **Range with IFR Reserves (nm):** \_\_\_\_\_

**Insurance Expiration Date:** \_\_\_\_\_

## SECTION 4 – Affirmation

The membership application fee includes a Vital Flight Shirt. Please circle your shirt size:

**Men's Shirt:** Small Medium Large XL XXL **Women's Shirt:** Small Medium Large XL XXL

I, the undersigned applicant, if I am applying to be a Command Pilot or Co-Pilot, hereby affirm that all information that I have provided with this form is true, complete and correct. I certify that I am current and will remain current in all applicable aspects of the Federal Aviation Administration Regulations (FARs) while flying Missions coordinated by Vital Flight, Inc. and will maintain appropriate 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 flying all the coordinated Missions from Vital Flight, Inc.. All Vital Flight, Inc. Missions are flown under Part 91 of the FARs and I acknowledge Vital Flight, Inc. requires written notice from any pilot that becomes disqualified by any FAA regulation, accident or enforcement action.

Membership in Vital Flight, Inc. is a privilege and I understand it is subject to revocation. I understand that any false information made herein will void my application. I also know that the yearly membership renewal fee is \$30.00.

I hereby authorize and release any law enforcement agency to furnish Vital Flight, Inc. or its agent, information related to my criminal history. I hereby release Vital Flight, Inc. and all its agents and employees, the law enforcement agency and all employees of the law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to Vital Flight, Inc.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_