

MARSHALL COUNTY FLYING CLUB---MARSHAL
APPLICATION AND ANNUAL INSURANCE FORM

The following information is required by our club and is
disclosed to them. Please provide the following informa

1. Do you have an effective pilot certificate?

If yes, certificate number:

2. Do you have an effective medical certificate?

If yes, what class medical?

Date of examination?

3. Date of latest flight review/last 12 mo CFI check ride

4. Within the past 12 months have you:

Had your pilot's or driver's license surrendered or
Revoked: or been arrested for or charged with
Operating an aircraft or motor vehicle under the
Influence of drugs or alcohol? (If yes, give details o
Back or attached sheet)

5. Have you had any aircraft accidents/incidents or unre
Claims during your flying career? (If yes, give detail
Or attached sheet.)

6. Date of Birth

7. Illinois Drivers License Number

8. Name: _____

Address: _____ City _____

E-Mail _____

Phone: Home _____ Cell _____
Work _____

Please sign and return as soon as possible.

Signed _____ Date _____