| NANAIMO FLYING CLUBCLUB RENTAL MEMBER Application | | | |
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| Applicant Information | | | |
| Name: | | | |
| Date of birth: |  | Phone: | |
| Current address: | | | |
| City: | Province: | Postal Code: | |
| E-mail Address: | |  | |
| PILOT Information | | | |
| Current license held: | | | |
| Date of last medical: | | How long held: | |
| Number of total hours logged: | |  | |
| Previous Licenses held: | | | |
| Any other certifications: | | | |
|  | | | |
| COPA Information | | | |
| COPA Member Number: | | | |
| Do you have COPA Pilot liability insurance: | | Policy #: | |
| AUTHORIZATION | | | |
| I authorize the Nanaimo Flying Club to verify the information provided on this form with Transport Canada and/or COPA. | | | |
| Signature of applicant | | | Date |
| CHECK RIDE | | | |
| Check Ride Pilot Name: | | | |
| Date of Ride: | |  | |
| # of Take offs/landings completed: | |  | |
| Other proficiencies checked: | | | |
|  | | | |
|  | | | |
| APPROVAL | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the above named applicant has demonstrated flight proficiency and authorize him or her to rent the Nanaimo Flying Club Rental Aircraft. | | | |
| Signature of Check Pilot | | | Date |