



MEMBERSHIP APPLICATION

Note: Please print or type all information. NON-PILOT applicants only need to fill out sections 1 and 3.

Requirements can be waived depending on the quality of the pilot's flight experience and final determination by AFNE.

AFNE Pilot Requirements:

500 Hours Total Time

Current Instrument Rating

Current Medical Certificate

SECTION 1 (PILOTS AND NON-PILOTS)

Name (first/middle initial/last) _____ Date _____ / _____ / _____
M D Y

Address (or P.O. Box) _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Ext. _____ Evening Phone (_____) _____ Ext. _____

Fax _____ Pager _____ Cell Phone _____

Business (Company Name) _____ E-Mail _____

Spouse's Name _____

SECTION 2 (PILOTS ONLY)

Home Base (Use 3-letter ID) _____ FBO _____ Phone No. _____

Aircraft Flown (check all boxes that apply)

Aircraft: Own Rent

Single Twin Piston Turboprop Turbojet IFR Certified Known icing Pressurized Oxygen

Make _____ Model _____ Model No. _____ Call Sign N- _____

Speed _____ Number of seats _____

Ratings: ASEL AMEL COMM'L CFI IFR ATP Other _____

Flying Time: Total Hours _____ IFR _____ MULTI _____ As of: _____ / _____ / _____
M D Y

Pilot Cert.# _____ Driver's License # _____ State _____

Date of Birth _____ / _____ / _____ Medical Expires _____ / _____ / _____ Class 1 2 3 BFR Expires _____ / _____ / _____
M D Y M D Y M D Y

- I AM AM NOT usually available for flights during normal business hours WITHOUT advance notice.
- I AM AM NOT usually available for flights during normal business hours WITH advance notice.
- I AM AM NOT usually available for flights in the EARLY evening (ending before midnight).
- I AM AM NOT usually available for flights LATE AT NIGHT (after midnight).
- I AM AM NOT usually available for flights on weekends.

HAVE YOU EVER BEEN P.I.C. IN A FLYING ACCIDENT OR INCIDENT THAT REQUIRED A REPORT TO FAA OR NTSB? Yes No

HAS YOUR PILOT'S LICENSE EVER BEEN SUSPENDED OR REVOKED? Yes No

If you answered "yes" to either question above, please attach a sheet describing circumstances.

To protect the organization legally, we will verify your pilot ratings and history with the FAA.

Angel Flight NE Membership Application (Side 2)

SECTION 3 PILOTS AND NON-PILOTS

Many Angel Flight members lend valuable assistance beyond mission piloting and co-piloting. Please indicate below how you might be able to help.

- | | | |
|---|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Member Meetings | <input type="checkbox"/> Writing (grants, articles, etc.) |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Pilot Recruitment | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Celebrity Contacts | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Other _____ |

IMPORTANT NOTE REGARDING INSURANCE: All Angel Flight pilots in command, whether aircraft owner or renter, are required to carry their own insurance policy. The policy can be from any standard liability carrier, and need not name Angel Flight as an additional insured, so there should be no additional cost to you. We simply require that you be covered for your flying. Please send a photocopy of the front page of your policy showing you as the named insured in order to complete this application.

I, the undersigned applicant, hereby affirm that all information I have provided with this form is accurate and correct, and that I agree to abide by all applicable Federal Aviation Regulations in the conduct of a flight and to provide transportation in an "airworthy" aircraft as defined by the Federal Air Regulations. In accepting a referral and in providing transportation, I release, indemnify and hold harmless, Angel Flight of New England, Inc. from any liability that might arise from my actions..

Applicant's Signature

Date

PRE-MAILING CHECKLIST

We look forward to having you as a member of Angel Flight. To avoid delays in processing your application, please make certain ALL of the following are completed.

1. Complete, sign and date the application (Non-pilots need only complete Sections 1 and 3).
2. **Pilots include copies of the following:**
 - **License and Medical Certificate**
 - **Latest BFR from your log book**
 - **Last 12 months of log book showing total hours**
 - **Front page of your insurance policy** (You need not name Angel Flight as an additional insured, so there is no additional insurance cost)
 - **Pilots** - enclose an application fee of \$25 (This helps defray the cost of processing your application, preparing an I.D. Badge and flight/mission notebook, and orientation session). Please make check payable to Angel Flight NE and mail your application package to:

Angel Flight NE
492 Sutton Street
North Andover, MA 01845-1505
Tel: 978-794-6868
Fax: 978-794-8779
E-mail: angelflight@angelflightne.org

Thank you for your willingness to share your skills and time to help others.