

## **International Member Application**

*Please fill out the form (required fields are indicated by \*) then print, sign, and return to dispatch in person or by fax @780-800-9639. Applications may also be submitted electronically to the Chief Flight Instructor via e-mail at cfi@edmontonflyingclub.com*

### **APPLICANT INFORMATION**

Title\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Home/Primary Phone\*: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date Of Birth\*: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Country Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_

Province\*: \_\_\_\_\_

Postal Code\*: \_\_\_\_\_

Country\*: \_\_\_\_\_

Canadian Address (If Known) : \_\_\_\_\_

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

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail Address\*: \_\_\_\_\_

### **CITIZENSHIP STATUS (if not Canadian)**

#### **Please check applicable\***

Permanent resident/ Landed Immigrant

Student Visa

Other Visa

Date of Entry to Canada\* (DD/MM/YY): \_\_\_\_\_

Country of current Citizenship\*: \_\_\_\_\_

Country of residence during the past year: \_\_\_\_\_

Languages spoken fluently\*: \_\_\_\_\_

**TRAINING SCHEDULE:**

Proposed Course Start Date(DD/MM/YY)\*: \_\_\_\_\_

*Note: Course schedule in place if joining the accelerate program. Please Indicate session start date. If unknown Please check the Edmonton Flying Club Website or contact us.*

Do you have a pilot medical? \_\_\_Yes                      \_\_\_No (If Yes please provide a copy)

**EMERGENCY CONTACT:**

Contact Name\*: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Phone\*: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

By signing below, the applicant certifies that all information submitted is correct and current. The applicant also acknowledges receipt of the Edmonton Flying Club's General Rules and Regulations on the following page and the applicant's required adherence to it.

x \_\_\_\_\_

x \_\_\_\_\_

Applicant Signature

Date

Witness Signature

*Applicants under the age of 18 must complete the following:***Availability for Interview**

An interview is required for the accelerated program and can be done in person or through Skype.

Availability for interview\*:

**DECLARATION OF GAURDIAN CONSENT**

I/We \_\_\_\_\_, being of legal guardian(s) of \_\_\_\_\_, do hereby give consent for him/her to take flying lessons at the Edmonton Flying Club and I/we will be responsible for any charges or expenses that my son/daughter may incur at the Edmonton Flying Club.

x \_\_\_\_\_

x \_\_\_\_\_

GAURDIAN SIGNATURE

DATE

WITNESS SIGNATURE

**MEMBERSHIP***Assigned by EFC Staff*

Member number: \_\_\_\_\_