



# Membership Application

MR Created

## Instructions

This is a digital PDF form and should be completed using the latest version of Adobe Reader. You can edit and save the data you enter in this form, and you should use a digital signature to "sign" the form, indicating it is complete and accurate. If you have not yet used a digital signature in Adobe Reader, when you click in the "Member Signature" box below you'll be prompted to set up a password to create your own unique signature to authenticate the form. Please print and physically sign this form only if you are unable to edit and save it on your computer.

## Member Information

Name

Street Address

City

State

Postal Code

Mobile phone

Home phone

Work phone

Email #1

Date of birth

Email #2

## Emergency Contact

Contact Name

Contact phone

Relationship

## Pilot Information

Certificate/Ratings

Total Pilot Time

PIC Time

BFR Date

Medical Class

Medical Date

Any Suspensions?

Accidents/Incidents?

} If yes, please enter details in the "Additional Notes" box below

Additional Notes

## Application Certification

I certify all information provided is correct and accurate. I also certify that I have received and read the latest Magnum Aviation Rules & Policies document and agree to abide by those rules & policies. I authorize Magnum Aviation, Inc. to use/forward my information for insurance, and/or regulatory purposes. Magnum takes due care with protecting your privacy and personal information, and does not disclose your information to any 3rd party for sales or marketing purposes.

Member Signature

## TSA/Citizenship Information (office use only)

Citizen of

Certificate copy

File photo

Citizenship proof

Medical copy

Official ID Type

BFR copy