



Regional Operations Center, 8864 Airport Blvd., Leesburg, FL 34788

Operations: (352) 326-0800 FAX: (352) 326-9360

Annual Membership Update

Please complete form, sign and mail or fax back whenever information changes or yearly.

THIS IS FOR: PILOT ^ CO PILOT ^
First Name: Last Name:
Day Phone: Night Phone: Fax:
Pager: Cell Phone:
E-mail:
Address: City: County: State: Zip:
Home Base ID: FBO: FBO Phone:
Pilot License Type: ATP Commercial Private
Pilot Ratings: IFR: Yes No Multi-Engine: Yes No Total PIC Hours:
Multi Engine Instructor (if applicable): MEI: MEII
Single Engine Instructor (if applicable): CFI: CFII
Insurance exp. date: Medical Exp. date: BFR exp. date: (if applicable)
Availability: Weekdays: Yes No Weekends: Yes No
Nights: Yes No Last minute flights: Yes No

Aircraft Information

Primary Aircraft : Own Rent Club
Tail Number N- Make: Model: Model No:
Engines: # Seats: Cruising speed (knots): Typical Range (nm):
Pressurized: Yes No Typical useful load: Estimated cost per hour:

By signing below I certify that I am current and will remain current in all applicable aspects of the Federal Aviation Regulations (FAR'S) while flying missions for Mercy Flight™ Southeast. I will also maintain appropriate personal insurance coverage, if applicable. I further certify that I have at least 250 PIC hours and at least 25 hours in the make and model aircraft I will be using for all Mercy Flight™ Southeast missions. All MFSE missions are flown under Part 91 of the FAR's. I acknowledge Mercy Flight™ Southeast requires written notice from any pilot who becomes disqualified by any FAA regulation or accident or enforcement action.

Signature of pilot
(you may fax this form back to us at 352-326-9360)

Date