



8864 Airport Blvd. Leesburg, FL 34788
Phone (352) 326-0800 Fax (352) 326-9360
www.mercyflightse.org

COPILOT MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

CHECK # RECEIVED
REVIEWED
FILE SET-UP
AFIDS MEMBER ID
ORIENTATION

NOTE: Please print or type all information

PLEASE READ CAREFULLY

We look forward to having you as a member of Mercy Flight Southeast. To avoid delays in processing your application, please make certain ALL of the following are completed. Effective January 1, 2006 our Board of Directors approved a \$50.00 membership processing fee for new applicants. As part of the fee you will receive a pilot manual, pin, polo shirt or hat, and pilot badge with lanyard.

- 1. Complete, date and sign application. Make your check payable to Mercy Flight Southeast.
2. Photocopy your civilian or military pilot's license, driver's license and medical certificate.
3. Mail to Mercy Flight Southeast, 8864 Airport Blvd., Leesburg, FL 34788. Once your application is processed you will receive your login and membership ID along with a link to our online orientation which you must complete within 90 days.

SECTION 1 Personal Information

First Name Last Name Spouse's Name
Day Phone Night Phone
Fax Pager Cell Phone
E-Mail
Address City
County State Zip
Employer name Job Description
If retired, last employer

HAVE YOU EVERY BEEN CONVICTED OF A FELONY? YES NO
HAVE YOU EVER BEEN P.I.C. IN A FLYING ACCIDENT OR INCIDENT? YES NO
HAS YOUR PILOT'S LICENCE EVER BEEN SUSPENDED OR REVOKED? YES NO

If you answered "yes" to any questions above, please describe circumstances on an attached sheet. To protect the organization legally, we may perform a background check with the proper authorities.

SECTION 2 Rating information

Home Base designator: _____ FBO Name: _____ FBO Phone: (____)-____-_____

Primary Aircraft: own ___ rent___ club___ Pressurized: yes___ no___

Call Sign N-_____ Make:_____ Model:_____ Number of seats:_____

Ratings: Total Hours PIC: _____ IFR Certified: yes___ no___ Multi-engine rated: yes___ no___

MEI: yes___ no___ MEII: yes___ no___ CFI: yes___ no___ CFII: yes___ no___

Medical Expiration Date _____ BFR Expiration Date _____

SECTION 3 Availability

___ I AM ___ I AM NOT usually available during normal business hours WITHOUT advance notice.

___ I AM ___ I AM NOT usually available for flights during business hours WITH advance notice.

___ I AM ___ I AM NOT usually available for flights in the EARLY EVENING.

___ I AM ___ I AM NOT usually available for flights LATE AT NIGHT (usually only transplant pilots).

___ I AM ___ I AM NOT usually available for flights on weekends.

Any other restrictions on your availability? _____

SECTION 4 Interests

How did you hear about us? _____ Languages spoken: _____

Many members lend valuable assistance beyond flying missions. If interested, please indicate below how you might be able to help.

___ Fundraising ___ Member meetings ___ Writing(Articles,grants etc.) ___ Health care contacts

___ Public Relations ___ Speakers bureau ___ Pilot Recruitments ___ Corporate & Foundation

___ Computers ___ Graphic art and design ___ Celebrity contacts ___ Other

List Civic, Fraternal And other groups to which you belong _____

Included in your membership processing fee is your choice of an Mercy Flight™ polo shirt **OR** an Mercy Flight™ baseball cap. Please circle your selection and size below.

Polo shirt: Small Med Large XL XXL

Hat: One size

I, the undersigned applicant, hereby affirm that all information that I provided with this form is true, complete and correct. I agree to abide by Federal Aviation Administration (FAA) regulations. Membership in Mercy Flight™ Southeast is a privilege and I understand it is subject to revocation. I understand that any false information made herein will void my Application for CoPilot with Mercy Flight™ Southeast.

I hereby authorize any law enforcement agency to furnish Mercy Flight™ Southeast or its agent information related to my criminal history. I hereby release Mercy Flight™ Southeast and all its agents and employees, the law enforcement agency and all employees of the law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to Mercy Flight™ Southeast.

SIGNATURE _____ **DATE** _____