

Membership Application Form 90 Nakolo Place, Ste. 24, Honolulu, HI 96819 • Phone 808.833.5628/839.1122 • Fax 808.836.6822 • www.mooreair.com

Name:													
V d dwood.			(Fi	rst)				(Middle Initial)		(Last)			
Address:								~					
City:								State:	Zip	: 			
Home Pho	one	: _						Work Phone:					
Mobile:						F	E-Mail	l:					
EMERG	EMERGENCY NOTIFICATION												
Name:													
Address:			(Fi	rst)				(Middle Initial)		(Last)			
City:								State:	Zip	<u> </u>			
Home Pho	one	<u> </u>						Work Phone:					
Mobile: Relation:													
Have you ever been involved in an aircraft? Accident Incident FAA Violation DUI/DWI Please Explain On Back Of Form If Any Are Marked													
Certificates & Ratings Pilot Data													
		AS	SEL	AN	MEL In	stru		Certificate #					
Private								Certificate Date					
Commercia	.1							Class Medical		Exam Date			
ATP CFI								BFR Date		NONT			
OFI								Birth Date		SSN			
Total Hours			_					Total Hours C172:					
Total ASEL			_					Total Hours C182:					
Total MEL: Total Instru		nt:	_					Total Hours PA 28R Total Hours B95:					
Total Retractable:													
Total as CF	I:												
Are you an US Citizen? Yes \(\Delta \) No \(\Delta \) If yes, verification:													
How did you hear about Moore Air?													
I acknowledge receipt of the Moore, Inc. Safety Procedures & Practices Manual. I have read the Manual and agree that I am bound by its terms.													
Sign										Date			
Office Use Only													
SM	Date Membership Effective										-		
	rts		ID		Log		Disk	Locker Combo □ A	AOA Badge				
					MomTy				CFI		-		