



# 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: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 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               |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
|---|--------------------------|--------------------------|--------------------------|---------|-------------|--------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--|---------------|-------|------------------|-------|---------------|-----------------------|----------|-------|------------|-----------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">ASEL</td> <td style="text-align: center;">AMEL</td> <td style="text-align: center;">Instru.</td> </tr> <tr> <td>Private</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Commercial</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ATP</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CFI</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                          | ASEL                     | AMEL                     | Instru. | Private     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Commercial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ATP               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CFI                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Certificate #</td> <td>_____</td> </tr> <tr> <td>Certificate Date</td> <td>_____</td> </tr> <tr> <td>Class Medical</td> <td>_____ Exam Date _____</td> </tr> <tr> <td>BFR Date</td> <td>_____</td> </tr> <tr> <td>Birth Date</td> <td>_____ SSN _____</td> </tr> </table> | Certificate # | _____ | Certificate Date | _____ | Class Medical | _____ Exam Date _____ | BFR Date | _____ | Birth Date | _____ SSN _____ |
|   | ASEL                     | AMEL                     | Instru.                  |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Private   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Commercial  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| ATP   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| CFI   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Certificate #   | _____                    |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Certificate Date  | _____                    |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Class Medical   | _____ Exam Date _____    |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| BFR Date  | _____                    |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Birth Date  | _____ SSN _____          |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Hours:</td> <td>_____</td> <td>Total Hours C172:</td> <td>_____</td> </tr> <tr> <td>Total ASEL:</td> <td>_____</td> <td>Total Hours C182:</td> <td>_____</td> </tr> <tr> <td>Total MEL:</td> <td>_____</td> <td>Total Hours PA 28R200:</td> <td>_____</td> </tr> <tr> <td>Total Instrument:</td> <td>_____</td> <td>Total Hours B95:</td> <td>_____</td> </tr> <tr> <td>Total Retractable:</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Total as CFI:</td> <td>_____</td> <td></td> <td></td> </tr> </table>   | Total Hours:             | _____                    | Total Hours C172:        | _____   | Total ASEL: | _____                    | Total Hours C182:        | _____                    | Total MEL: | _____                    | Total Hours PA 28R200:   | _____                    | Total Instrument: | _____                    | Total Hours B95:         | _____                    | Total Retractable: | _____                    |                          |                          | Total as CFI:  | _____         |       |                  |       |               |                       |          |       |            |                 |
| Total Hours:  | _____                    | Total Hours C172:        | _____                    |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Total ASEL:   | _____                    | Total Hours C182:        | _____                    |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Total MEL:  | _____                    | Total Hours PA 28R200:   | _____                    |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Total Instrument:   | _____                    | Total Hours B95:         | _____                    |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Total Retractable:  | _____                    |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |
| Total as CFI:   | _____                    |                          |                          |         |             |                          |                          |                          |            |                          |                          |                          |                   |                          |                          |                          |                    |                          |                          |                          |  |               |       |                  |       |               |                       |          |       |            |                 |

Are you an US Citizen? Yes  No  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

|  |  |
|--|--|
| <b>SM</b> # <input type="checkbox"/> PIN <input type="checkbox"/> Card <input type="checkbox"/>                                    | Date Membership Effective _____  |
| <b>Copy</b> Certs <input type="checkbox"/> ID <input type="checkbox"/> Log <input type="checkbox"/> Disk <input type="checkbox"/>  | Locker Combo <input type="checkbox"/> AOA Badge <input type="checkbox"/> |
| <b>QB</b> Depo <input type="checkbox"/> Info <input type="checkbox"/> MemTx <input type="checkbox"/> Dues <input type="checkbox"/> | Rules Briefed <input type="checkbox"/> CFI _____                         |