



WINGS OF MERCY
MEMBERSHIP APPLICATION

POSITION APPLIED FOR: Admin, PIC, 2nd Pilot? _____

Last Name _____ First name _____ MI _____
Address _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Work phone _____ Fax _____
Email _____ Other _____
Date of Birth (mo-day-yr) _____

Certificates & Ratings _____ Certificate# _____
Pvt/Comm/Atp/CFI/CFII? _____
Medical class _____ Date of last medical _____ Date of last Biennial _____
TT: SE + ME _____
TT: SE PIC _____
TT: SE SIC _____
TT: ME PIC _____
TT: ME SIC _____
TT: Inst. (act+sim+nite) _____

Current in:(make and model) _____
Own or have avail: _____

I AM AVAILABLE: (M-F WEEKENDS ANYTIME SUMMER WINTER)
(YEAR ROUND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC)

PREFERENCES FOR PIC /2P: _____

APPLICATIONS FOR PIC / 2P MUST BE ACCOMPANIED BY PHOTOCOPIES OF PILOT
CERTIFICATE, MEDICAL, AND BIENNIAL LOG ENTRY.

I certify that the above information is correct as of this date. I understand that prior to acceptance
as a flying member I may be required to attain currency and / or take a check flight with a Wings of
Mercy CFI / CFII.

SIGNATURE: _____ DATE: _____

Send to:
Steve Nelson, Safety Director
24234 Chesley Trail
Hampton, MN 55031
support@Genave.com
651-460-6616