



OFFICE 421 AVIATION WAY, FREDERICK, MD 21701
 MAIL PO BOX 578, FREDERICK, MD 21705
 P 800-622 AOPA (2672) aopainsurance.org

FLYING CLUB ROSTER

FLYING CLUB _____

Please list club members and pertinent data: _____

Do all club members listed below have a current AOPA membership? Yes or No - please circle

Accidents-Restrictions-Waivers

Members Name	Age	FAA Valid Ratings Held					Total Flight	Retrac Gear Time	Multi-Engine	Tailwheel Time	Last 90 Days	Date		*	Occupation or Business
		Student	Private	Com'l	Inst.	ME						Med	BFR		

* If "Yes" for any of the above members and officers, give date, amount paid over deductables and type of loss and reason(s) for suspension on the reverse side of this form

I, the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I agree that this Report shall be the basis of my acceptance or continuance of insurance by _____

Authorized Club Officers _____
 (Signature)