AOPA INSURANCE AGENCY, INC.
P.O. BOX 9170, WICHITA, KS 67277
PHONE: (800) 622-2672 FAX: (316) 942-0091

FLYING CLUB ROSTER

FLYING CLUB_____

NAME ADDRESS CITY & STATE

The Following Information Must Be Submitted:

1. A copy of club regulation and In-Force By-laws. How many years in operation? _____
2. Name and address of fixed base operator in charge of maintenance of club aircraft _____
3. Name of commercial instructor(s) who has charge of student members operating club aircraft _____
   A. Name and address of instructor(s) employer _____
4. Please list club members and pertinent data:

Accidents-Restrictions-Waivers ↓

Members Name	Age	FAA Valid Ratings Held					Total Flight Time	Retrac Gear Time	Multi-Engine Time	Hours in type	Last 90 Days	Date		*	Occupation or Business
		Student	Private	Com'l	Inst.	Other						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)