

**WFC**  
**WINDSOR FLYING CLUB**

Unit 105,  
[REDACTED]

Month of Renewal: June

Windsor, Ontario  
N8V 1A1  
[REDACTED]

**APPLICATION FOR MEMBERSHIP (please print).**

Name MICHAEL CALLAN  
Address (Street) [REDACTED]  
(Apt. #) [REDACTED] (Phone Res) [REDACTED]  
(City) WINDSOR (Phone Cell) [REDACTED]  
(Province) ONTARIO (Phone Bus) [REDACTED]  
(Postal Code) N9A 4S1 (Phone # most likely to be reached) [REDACTED]  
Place of Employment UNEMPLOYED  
Occupation [REDACTED]  
Date of Birth [REDACTED] / 68 Place of Birth WINDSOR Citizenship ONTARIO  
Email Address: [REDACTED]

Applicant is a Student Pilot {} Private Pilot ☒ Commercial Pilot {}  
Other (please specify) [REDACTED]

License Number (If applicable) [REDACTED]  
Endorsements Night ☒ Instrument {} Instructor {}

Date of current MOT Medical SEPT 2011

Holder of valid radio license Yes ☒ No {}

How were you introduced to the WFC? [REDACTED]

In applying for membership with the Windsor Flying Club I agree as follows:

- 1) I will read and become fully conversant with and follow the Canadian Air Regulations, and the Flying Rules and Regulations of the Windsor Flying Club.
- 2) If and when the Windsor Flying Club shall rent an aircraft to me to be flown solo by me, I agree for myself, my heirs, executors, administrators and assigns, to identify and save harmless the Windsor Flying Club, its successors and assigns, from all and any liability, including costs and expenses arising out of my negligence or breach of any above noted rules and regulations.
- 3) Please note that all sales are final - No Refunds

SIGNATURE [REDACTED]

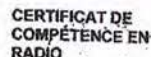
DATE June 6/2011

**\*Emergency Contact information**

Name TAYLOR SWIFT Relationship [REDACTED]

Address [REDACTED]

Phone [REDACTED]



Number - Numéro

CALLAN, MICHAEL

AERONAUTICAL.

**FOLD / PLIER**

Issue Date  
Date de délivrance

SAULT STE. MARIE

1990-01-08

The certificate holder is qualified to operate radio stations as indicated in the regulations made pursuant to the Radiocommunication Act.

Le présent certificat atteste que le titulaire est qualifié pour exploiter les stations de radio comme l'indiquent les règlements établis en vertu de la Loi sur la radiocommunication.

Signature of Holder - Signature du titulaire

Date of Birth  
Date de naissance

1968-

IC 2493c (2010/12)

# Canada



Le présent carnet ainsi que l'ensemble des licences, permis ou certificats médicaux ne sont plus valables l'un des documents mentionnés précédemment est endommagé, falsifié ou falsifiable.



Transport Canada Transports Canada

AVIATION DOCUMENT  
DOCUMENT D'AVIATION

(11) File Number/Numéro de dossier

(IV) Surname, Given Name/Nom, prénom  
**CALLAN, MICHAEL**

(IVa) Date of Birth/Date de naissance 1968 Gender/Sexe MALE/HOM

(VI) Citizen of/Citoyen(ne) du pays suivant  
**CANADA**

(VIII) Issuing Authority/Autorité de délivrance  
TRANSPORT CANADA/TRANSPORTS CANADA

(X) Date of Issue/Date de délivrance 2011 SEP/SEPT 09 Date of Expiry/Date d'expiration 2016 OCT/OCT 01

(VII) Signature of Holder  
Signature du titulaire



Issuing Officer/Agent(e) de délivrance

[illegible]

# Licence and Permit/Licence et permis

This section is dedicated to licence or permit labels. Licence or permit labels must be inscribed in this section in accordance with the instructions provided.

- Licence or permit labels are not stand-alone documents.
- Holders are required to insert the appropriate replacement licence or permit label over the applicable temporary privileges certification.
- The validity of this booklet can be confirmed by contacting Transport Canada.
- The holder shall notify Transport Canada of any change of permanent address within seven days of the change.

- La présente section est réservée aux vignettes de licence ou de permis.
- Ces documents doivent être apposés dans cette section conformément aux instructions fournies.
- Les vignettes de licence ou de permis ne sont pas des documents indépendants.

- Les titulaires sont tenus d'apposer la vignette de remplacement de la licence ou du permis appropriée sur l'attestation de compétence qui confère les avantages temporaires.
- Il est possible de vérifier la validité du présent carnet auprès de Transport Canada.

- Le titulaire doit aviser Transports Canada de tout changement de domicile five dans les sept jours suivant ce changement.

If found, please deposit into any mailbox:  
 CNA Insurance Publishing Services  
 Transport Canada (MARA-JMP)  
 330 Sparks Street  
 Ottawa ON K1A 0S8  
 Canada  
 Postage will be paid by  
 Transport Canada.

Quiconque trouve ce document est prié de le retourner par la poste à:  
 CNA Services de publications/assurances  
 Transports Canada (MARA-JMP)  
 330, rue Sparks  
 Ottawa ON K1A 0S8  
 Canada  
 Les frais d'envoi seront payés par  
 Transports Canada.

Signature of holder/Signature du titulaire :

# Licence and Permit/Licence et permis

## Licence

(II) PPL(A) LP: EN  
 (XII) This licence is valid for/Cette licence est valide pour:  
 Class/Classe: SMEL  
 Night/Nuit  
 (XIII) Remarks/Remarques: None/Aucune



Date of Issue/Daté de délivrance: 2011 SEP/SEPT 09  
 Valid only in Booklet No. Valable uniquement dans le carnet no.

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## Medical Certification/Certification médicale

## Medical Certificate/Certificat médical

(III) [REDACTED]

MEDICAL CATEGORY/CATÉGORIE MÉDICALE: 3

Examination Date/Date de l'examen: 2011 JUL/JUIL 28

Limitations/Restrictions: None/Aucune



Date of Issue/Date de délivrance: 2011 SEP/SEPT 09

Valid only in Booklet No./Valable seulement dans le carnet no. A069113

Signature:  
Date:Signature:  
Date:Signature:  
Date:

Unofficial ECG record (for reference only)/ECG non officiel (à titre de référence seulement)

THIS BOOKLET CONTAINS 24 PAGES/LE PRÉSENT CARNET CONTIENT 24 PAGES

## Medical Certification/Certification médicale

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Signature:  
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