



FLORIDA MOSQUITO CONTROL PILOTS ASSOCIATION  
Membership Application and Questionnaire

**ORGANIZATION:** \_\_\_\_\_

**PILOTS INFORMATION:**

(Please complete one per pilot in your organization)

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

Address: \_\_\_\_\_  
(Street) (City) (Zip)

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

E-mail: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of Years as Mosquito Control Pilot: \_\_\_\_\_

Licenses and Ratings: (Check all that apply)

_____ Comml Helicopter	_____ Airline Transport Pilot Helicopter
_____ Comml Airplane Single Engine	_____ Airline Transport Pilot Airplane
_____ Comml Airplane Multi-Engine	_____ Cert. Flight Instructor Helicopter
_____ Instrument	_____ Cert. Flight Instructor Airplane

Number of flight hours:

\_\_\_\_\_ Total  
\_\_\_\_\_ Helicopter  
\_\_\_\_\_ Airplane Single Engine  
\_\_\_\_\_ Airplane Multi Engine  
\_\_\_\_\_ Dispensing Pesticides or Agricultural Products  
\_\_\_\_\_ Night Vision Goggles

*Please return Membership Applications and Questionnaires to:*  
Chief Pilot, Manatee County Mosquito Control District  
2317 2nd Ave. West  
Palmetto, FL 34221