

Business Men's Flying Club, Inc. Membership Application

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Spouse or Significant Other Name & Phone: _____

Employer Name, City/State: _____ Position or Title _____

Airman Certificate Held (circle one): None Student/Medical Private Commercial ATP CFI

Certificate Issue Date: _____ Ratings Held: _____

Date of Last Flight Review: _____ Date of Last Medical: _____

Class of Medical (FAA Class I,II,III, Basic Med or None): _____

Hours Flown as PIC - Total: _____ In past 12 months: _____ In past 24 months: _____

FAA "Wings" Level: _____ AOPA Member (Y/N): _____

Have You:

1. Ever been convicted of operating a motor vehicle while under the influence of alcohol? Yes/No: _____
2. Ever been convicted of a felony? Yes/No: _____
3. Had your drivers license revoked or suspended in the past 36 months? Yes/No: _____
4. Ever been involved in any aircraft accident or aviation insurance claim? Yes/No: _____
5. Ever been cited for violation of any Federal Aviation Regulation? Yes/No: _____

If the answer to any of the above (questions 1-5) is YES, attach a complete explanation on a separate page.

Declarations: I understand that I may not operate, as a Student Pilot or Pilot in Command, any Business Men's Flying Club (BFC) aircraft unless I am current and qualified in that aircraft and satisfy all flight and medical currency and other requirements as stipulated by local, state and federal regulations (FAR's), and by BFC Bylaws and Rules & Regulations. Furthermore, I have read and understand the BFC Bylaws and Rules & Regulations, and will abide by the same.

I further understand that any false statements above, violation of FAA regulations or violation of club Bylaws and Rules & Regulations may result in my expulsion from the BFC, at the discretion of the BFC Board.

Applicant's Signature: _____ Date: _____

This applicant has satisfactorily completed a BFC Orientation Flight. Signed, BFC Instructor: _____ Date: _____

Submit your completed application with a copy of your pilot certificates and medical documentation (if applicable) to a BFC Board Member or your BFC Flight Instructor. Alternatively, you can mail to:

**Business Men's Flying Club, Inc.
PO Box 2631
Naperville, IL 60567**

For BFC Secretary use only

Date Received _____

Date Joined _____

Replaced _____