

**Membership Application Form and Contract**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Wk/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Boeing Mailstop \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact – Name \_\_\_\_\_ Phone \_\_\_\_\_

Affiliation:

Boeing Employee  Retired Boeing Employee  Vendor \_\_\_\_\_

(Copy of Boeing/Vendor badge/Retirement card must be attached to this application.)

Family Member of Participating Member – Participating Name \_\_\_\_\_

Guest Member recommended by Participating Member – Participating Name \_\_\_\_\_

\*Letter of recommendation must be attached to this application.

Former BEFA Member If so, state the year you left and type/class of membership \_\_\_\_\_

How did you learn about BEFA?  Air show / Trade show booth  Radio Ad  Friend

Print Ad  Calendar  Web Site  Flyer Other \_\_\_\_\_

Type:  Student  Private  Commercial  ATP  Instrument  CFI

Class Held:  SEL  MEL  SES  MES

Flying Experience: Hours Flown \_\_\_\_\_ %Civil \_\_\_\_\_ %Military \_\_\_\_\_

Airmen Certificate No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I have read and understand the RULES OF OPERATION and the BY-LAWS of the Boeing Employees Flying Association, Inc., and amendments thereto. I agree to be governed by these at all times, while exercising my privileges as a member of this association. I will be fully responsible for, and promptly satisfy any and all debts incurred by me while a member of the association, and shall hold BEFA harmless from all actions arising out of my membership. I understand the above named Association is a non-profit corporation under the Laws of the State of Washington, solely independent from The Boeing Company. I further understand and agree that should I become a member of the above named Association, I shall forfeit all my privileges as a member if an Association aircraft is flown, operated, or permitted by me to be flown or operated in violation of Federal Air Regulations, Association Rules of Operations, Amendments thereto, or the Associations insurance contract. I shall, at all times, observe all safety precautions while operating Association aircraft. I understand that except as provided under BEFA insurance no responsibility is assumed by the association for passengers carried in BEFA aircraft.

The following endorsement is required if the applicant is under 18 years of age: I \_\_\_\_\_, the \_\_\_\_\_ (specify father, mother, legal guardian) of the applicant do hereby endorse and accept full responsibility for the applicant's actions with respect to the Boeing Employees Flying Association, Inc.

<b>Membership Type: (circle) PARTICIPATING FAMILY AFFILIATE ASSOCIATE GUEST</b>				<b>Office Use</b>	
<b>Membership Class: (circle) I II III</b>				Pin #	
Did you purchase member share: Y / N		Sellers Name:		2 Files	
<b>Membership Amount Due: \$</b>		Amount Paid: \$		Key	
<b>Initiation Fee: \$</b>	<b>50.00</b>	Check #:	Date:		
<b>Advance Dues \$</b>	<b>100.00</b>	Balance Due: \$			
<b>Total: \$</b>		Monthly Pymnts: \$			

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*PLEASE NOTE: Exercise of membership privileges may require Board approval. \* If Affiliate/Guest, exercise of membership privileges will require Board approval.\*\*\*

Please indicate your personal skills and areas in which you would be willing to provide volunteer services to the association.

\_\_\_ A & P \_\_\_ Accounting/Finance \_\_\_ Advertising \_\_\_ Building \_\_\_ Construction \_\_\_ Carpentry \_\_\_ Computers \_\_\_ Electrical Electronics \_\_\_ Engineering \_\_\_ Facilities \_\_\_ Gardening \_\_\_ Legal Experience \_\_\_ Mechanical \_\_\_ Plumbing \_\_\_ Publicity \_\_\_ Software

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Accounting:</b>	Pilot Info Setup <input type="checkbox"/>	Recurring Dues Setup <input type="checkbox"/>	Initial Charges Invoiced <input type="checkbox"/>	Date <input type="checkbox"/>
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**Pilot Record**

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Marital Status \_\_\_\_\_ No. Of Dependents \_\_\_\_\_

**FAA MEDICAL CERTIFICATE**

Date Issued \_\_\_ / \_\_\_ / \_\_\_. Class \_\_\_\_\_

Waivers (If none, write none) \_\_\_\_\_

**TRAINING AND REFRESHER TRAINING**

Year of first solo flight \_\_\_\_\_ Type rated in following aircraft \_\_\_\_\_

Describe Flight training (School, location, equipment, instructor, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of last Biennial Flight Review or equivalent \_\_\_\_\_

Do you participate in FAA Pilot Proficiency Award Program?  No  Yes. If "Yes", what phase have you completed?  
 I  II  III  IV  V. For what type aircraft? \_\_\_\_\_

Refresher/Transition Courses: Description and dates of last courses attended:  
 \_\_\_\_\_  
 \_\_\_\_\_

School or Instructor \_\_\_\_\_

Phone #: \_\_\_\_\_

**PILOT-IN-COMMAND EXPERIENCE**

AIRCRAFT MAKE/MODEL	TOTAL HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS	TOTAL INSTRUMENT	TOTAL NIGHT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please explain fully any "Yes" answers to the following questions:**

- As pilot-in-command or as co-pilot have you had or been involved in any aircraft accidents/incidents?  No  Yes
- As pilot-in-command or as co-pilot have been found guilty of any Federal Air Regulations violations?  No  Yes
- Has your automobile drivers license ever been suspended or revoked?  No  Yes
- Have you ever been charged for DUI or reckless driving?  No  Yes
- Have you had any automobile accidents within the last five years?  No  Yes
- Have you ever been convicted of a felony or misdemeanor?  No  Yes
- Have you ever been a member of BEFA or other flying association?  No  Yes

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

FAA PILOT CERTIFICATES NOW HELD AND YEAR OBTAINED	
<input type="checkbox"/> Student . . . . .	_____
<input type="checkbox"/> Private . . . . .	_____
<input type="checkbox"/> Commercial . . . . .	_____
<input type="checkbox"/> ATP . . . . .	_____
<input type="checkbox"/> Flight Instructor . . . . .	_____

  

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED	
<input type="checkbox"/> ASEL . . . . .	_____
<input type="checkbox"/> AMEL . . . . .	_____
<input type="checkbox"/> ASES . . . . .	_____
<input type="checkbox"/> AMES . . . . .	_____
<input type="checkbox"/> Instrument . . . . .	_____