

# SSBFI Club Membership Form

DATE				EMAIL				
NAME	FIRST			MI	LAST			
LOCAL ADDRESS	STREET, APT NO.			CITY, ST, ZIP				
PHONE	HOME			WORK		CELL		
OTHER ADDRESS	STREET, APT NO.			CITY, ST, ZIP				
PHONE	HOME			LIST WHICH MONTHS AT THIS ADDRESS				
AVIATION HISTORY								
YEAR BECAME PILOT				TOTAL HOURS PIC				
CURRENT RATING				HIGHEST RATING				
HOURS LAST 12 MOS				DATE NEXT MEDICAL CERTIFICATE DUE				
DATE LAST BFR				FAA WINGS (LEVEL)				
* SPECIAL QUALIFICATIONS								
PREVIOUS EXPERIENCE WITH CLUBS, CO-OWNERSHIP, PRIVATE OR BUSINESS OWNERSHIP?								
SPECIAL INTERESTS/HOBBIES?								
ARE YOU WILLING TO VOLUNTEER IN MANAGEMENT OR COMMITTEES?								
MEMBERSHIP/RECORDS REVIEW								
MEDICAL	YES	NO	LICENSE	YES	NO	BFR	YES	NO
SIGNATURE (Membership Records Officer)				DATE				

\* SPECIAL QUALIFICATIONS: I.E., CFI, CFII, A/P LICENSE,