

7B FLYING CLUB, INC.

MEMBERSHIP APPLICATION

CLUB MISSION AND PURPOSE

The purposes of the Club as set forth in the Articles of Incorporation are exclusively organized for the primary purpose of fulfilling one or more of the specified purposes as outlined in the IRS Code - Section 501 (C) (7). The specific purposes of the Club are:

- (a) To promote camaraderie and social fellowship of the Club's members through the operation of private aircraft based in Sandpoint, ID.
- (b) To maintain or lease, and maintain one or more aircraft for the educational, personal and general use of the membership.
- (c) To advance the science of aeronautics, develop an interest in aviation amongst the community, and to educate the community in safe flying practices.
- (d) To provide a convenient and affordable means for recreational flying and a means for the improvement and maintenance of their current flying skills.

MEMBERSHIP EXPECTATIONS

The Club was founded and managed by volunteers who support the mission of the Club. Members are expected to attend all regularly scheduled meetings, actively fly the Club plane(s) to maintain proficiency, volunteer as needed, and participate in other functions as set by the Club. By submitting this application, the applicant is acknowledging both the purpose and expectations as set forth in this application, and that any member may be revoked of membership if determined the member fails to uphold the purpose and, or expectations of the Club.

INSTRUCTIONS

Submit a completed application packet at our membership meetings (notice provided via email 10 days prior to meeting), or via email to the Club secretary. Application packet MUST include the following:

- (1) Completed application form and insurance questionnaire (included in this form),
- (2) Copies of the following:
 - a) Airman's certificate, b) Recent logbook pages, c) Flight review, and d) Medical certificate.

Student applicants will provide, at a minimum, their IACRA Student Pilot Application ID and Medical Certificate.

- (3) Check payable to 7B Flying Club (see website for current fees). Check will be returned to applicant if membership is declined, or if placed on the waitlist.
- (4) All applicants will brief the membership with a short bio, background, and aviation goals at a meeting.

WAITLIST

If there are no membership openings, an applicant will be added to a waitlist in the order received. When a membership seat opens, the applicant will be contacted by phone and email. Applicant will have seven (7) calendar days to respond and submit membership fees. Failure to respond and remit payment will move the applicant to the end of the waitlist.

ACCEPTANCE

An applicant will become a member once the above criteria are met and upon the majority vote of the Board.

APPLICANT IS APPLYING AS (CHECK ONE):

Affiliate Member (CFI) Affiliate Member Student Member Private Member

PERSONAL INFO

FIRST, MI, LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DOB: _____ AGE: (AT TIME OF APPLICATION) _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

EMPLOYER: _____

EMERGENCY CONTACT: _____ RELATION: _____

EMERGENCY CONTACT PHONE: _____

AIRMAN'S CERTIFICATE AND MEDICAL INFORMATION (If applicable)

AIRMAN'S CERTIFICATE #: _____ DATE ISSUED: _____

RATINGS AND LIMITATIONS: _____

TOTAL HOURS: _____ DATE OF LAST FLIGHT REVIEW: _____

MEDICAL CLASS: _____ DATE OF LAST MEDICAL: _____

QUESTIONNAIRE (Required for insurance purposes)

- 1) WITHIN THE LAST 3 YEARS HAS APPLICANT BEEN PENALIZED OR DISCIPLINED FOR VIOLATING FAA REGULATIONS? Y / N
- 2) DOES APPLICANT HAVE ANY PHYSICAL IMPAIRMENTS, WAIVERS, STATEMENT OF DEMONSTRATED ABILITY (OTHER THAN FOR CORRECTIVE LENSES), LIMITATIONS, OR CONDITION LISTED ON THEIR MEDICAL CERTIFICATE? Y / N
- 3) WITH THE LAST 3 YEARS HAS APPLICANT BEEN INVOLVED IN AN AVIATION OR AIRCRAFT ACCIDENT, INCIDENT OR INSURANCE CLAIM? Y / N
- 4) WITHIN THE LAST 3 YEARS, HAS APPLICANT BEEN CONVICTED OF OR PLEADED GUILTY OR NO CONTEST TO, A DUI, DRUG CHARGES, POSSESSION OF DRUGS, RECKLESS OR DRUNK DRIVING, OR ANY FELONY OR MISDEMEANOR OTHER THAN PARKING VIOLATIONS? Y / N
- 5) WITHIN THE LAST 3 YEARS HAS AN INSURANCE COMPANY OR UNDERWRITER:
A) DECLINED AN APPLICATION FOR AVIATION INSURANCE FOR APPLICANT, OR
B) BEEN CANCELLED OR REFUSED TO RENEW AVIATION INSURANCE, OR
C) DECLINED AN AVIATION INSURANCE APPLICATION WITH RESPECT TO THE APPLICANT? Y / N
- 6) WITHIN THE LAST 3 YEARS, HAS APPLICANT HAD THEIR PILOT OR DRIVERS LICENSE SURRENDERED, SUSPENDED OR REVOKED; OR, BEEN ARRESTED FOR, OR CHARGED WITH, OPERATING AN AIRCRAFT OR MOTOR VEHICLE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? Y / N

IF YES TO ANY OF THE ABOVE, PLEASE PROVIDE DATES AND EXPLANATION:

QUESTIONNAIRE (Continued)

ACKNOWLEDGMENTS

INITIALS

I HAVE READ AND UNDERSTAND THE BYLAWS AND OPERATING RULES. I AGREE TO ABIDE BY ALL RULES, REGULATIONS, AND PROCEDURES OF THE CLUB, THE FAA, AND OTHER AGENCIES.	
I AGREE THAT I WILL NOT USE THE CLUB AIRCRAFT FOR ANY COMMERCIAL BUSINESS, OR ILLEGAL ACTIVITIES.	
I AGREE TO PAY ALL ASSESSED DUES AND FEES AS REQUIRED BY THE BYLAWS, OPERATING RULES, AND OTHER RULES AND REGULATIONS. I UNDERSTAND THAT FAILURE TO DO SO CAN RESULT IN LOSS OF CLUB PRIVILEGES AND POTENTIAL TERMINATION OF MEMBERSHIP.	
I UNDERSTAND THAT I MAY TERMINATE MY MEMBERSHIP OF THE CLUB AT ANY TIME BY GIVING NOTICE TO THE SECRETARY.	
I UNDERSTAND MY MEMBERSHIP CAN BE TERMINATED BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS, AND WILL HAVE NO RECOURSE AGAINST THE CLUB, ANY MEMBER, DIRECTOR, OFFICER, OR EMPLOYEE OF THE CLUB.	
I UNDERSTAND THAT IF I AM FOUND LIABLE FOR DAMAGES TO CLUB AIRCRAFT OR EQUIPMENT DUE TO NEGLIGENCE, OR TO BE FOUND IN VIOLATION OF ANY BYLAWS, OPERATING RULES, CLUB POLICIES, FARS, OR OTHER REGULATIONS, I WILL BE HELD RESPONSIBLE FOR THE INSURANCE DEDUCTIBLE AND OTHER COSTS ASSOCIATED WITH THE CLAIM RESULTING FROM THAT DAMAGE	

APPLICANT SIGNATURE OF AKNOWLEDGMENT AND ACCEPTANCE

For applicants under the age of 18, this section must be completed by parent or legal guardian giving consent.

I hereby certify that the above information is accurate to the best of my knowledge.

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN PRINTED NAME: _____

PARENT / GUARDIAN SIGNATURE(S): _____ DATE: _____