



Southeastern Minnesota Flying Club
 P.O. Box 6664
 Rochester, MN 55903-6664
 semfc.secretary@gmail.com

APPLICATION FOR MEMBERSHIP

Name	Date	Email	Date of Birth
Address	City	State	Zip
Home Phone	Mobile Phone	Business Phone	
Employer	Occupation	Referred By	Estimated Hrs/Yr

Have you:

1. Ever been involved in an aircraft accident as pilot in command?
 (If Yes, provide details on reverse side.) _____ Yes _____ No
2. Ever had a pilot's license or medical certificate denied/revoked?
 (If Yes, provide details on reverse side.) _____ Yes _____ No
3. Been convicted of DUI or DWI within the last 5 years?
 (If Yes, provide details on reverse side.) _____ Yes _____ No

If you have previous flight experience, complete the following:

Pilot Certificate No.	Flight Review Exp.	Medical Certificate Exp.	Total Hrs.	Hrs. Last 6 Months			
Certificates:	None	Student	Sport	Recreation	Private	Commercial	ATP
Ratings:	CFI	A&P	IA	Other (specify)			
Hours Logged:	Instrument	Complex	Multi-engine				
	C150/C152	C172	C182	PA-28	Tricycle Gear	Retractable	Tail Wheel
	SR20/SR22		Other (list type & hours logged)				

I hereby apply for membership in the Southeastern Minnesota Flying Club. I understand that my application is subject to approval by the Board of Directors and that upon notification of acceptance, my payment will be processed. I agree that as a member I will conform to the SEMFC Bylaws, Flying Regulations and Operating Rules (as posted on the SEMFC website) and the FAA Federal Aviation Regulations.

Send completed application and supporting documents to the address above or give them to an SEMFC Board member at a Club meeting.

 Signature (parent or legal guardian must also sign if applicant is under age 18)

MEMBERSHIP APPLICATION INSTRUCTIONS

Carefully read and follow these instructions to apply for membership in the Southeastern Minnesota Flying Club. If you have questions or need assistance, email semf.secretary@gmail.com.

1. Print this document to fill it out manually. Otherwise, download this document and open it in Adobe Acrobat Reader to fill it out electronically. To complete the form electronically, place the cursor in a field and type the corresponding information.
2. Use the following guidelines to complete each field in the upper section:
 - a. Name: Your name.
 - b. Date: The date you complete the application.
 - c. Email: The email address at which you want to receive information regarding this application.
 - d. Date of Birth: The date on which you were born.
 - e. Address, City, State & Zip: The location at which you want to receive SEMFC correspondence.
 - f. Home, Mobile & Business Phone Numbers: Phone numbers at which you can be reached during the day, evenings and weekends. At least one number is required.
 - g. Employer & Occupation: Your employer and occupation.
 - h. Referred By: How you learned about the SEMFC.
 - i. Estimated Hours Per Year: The number of hours you expect to fly each year. This is non-binding.
3. Answer questions 1 through 3 truthfully. For each question answered Yes, provide additional details on a separate sheet of paper or in an email.
4. If you have previous flying experience, complete the lower portion of the application as follows:
 - a. Pilot Certificate No.: Your pilot certificate number.
 - b. Flight Review Exp.: The date on which your Biennial Flight Review expires or expired.
 - c. Medical Certificate Exp.: The date on which your Medical Certificate expires or expired.
 - d. Total Hours: The total number of flight hours you have logged.
 - e. Hours Last 6 Months: The total number of flight hours you logged in the most recent 6 months.
 - f. Certificates: Place check marks to indicate all Pilot Certificates you currently hold.
 - g. Ratings: Place check marks to indicate all Ratings you currently hold.
 - h. Hours Logged: Enter the total number of flight hours you have logged in each listed aircraft type.
5. Print the completed form, read the statement at the bottom of the application and, if you agree, sign the form.
6. Send the completed application to SEMFC.secretary@gmail.com or hand deliver the completed application to a Board member. **BE SURE TO INCLUDE THE FOLLOWING:**
7. **COPIES OF THE FOLLOWING DOCUMENTATION MUST ACCOMPANY ALL APPLICATIONS**
 - a. Pilot Certificate (if applicable)
 - b. Medical Certificate (if applicable)
 - c. Biennial Flight Review (if applicable)
 - d. ID: Passport. If not, two forms of ID. The RST badge office will need this too.
 - e. Completed and signed SEMFC Member Attestation
 - f. Signed SEMFC Article 16
 - g. Completed Airport Identification & Access Badge application for the Rochester International Airport
Note: The application is available at <http://www.flyrst.com/operations/badging/>. The application must be completed EXACTLY as instructed and signed by an SEMFC Board member. If you have questions, contact Airport Operations at 507-282-2328.
 - h. Completed Authorization for Direct Withdrawal for payment of all SEMFC obligations.
*Your payment **WILL NOT** be processed until you are accepted into the Club.*

Incomplete packages will be returned. Complete packages will be reviewed by the SEMFC Board. The SEMFC Secretary or another Board member will notify you of your application status within one week.