



Southeastern Minnesota Flying Club

P.O. Box 6664

Rochester, MN 55903-6664

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:

- Ever been involved in an aircraft accident as pilot in command?
(If Yes, provide details on reverse side.) _____ Yes _____ No
- Ever had a pilot's license or medical certificate denied/revoked?
(If Yes, provide details on reverse side.) _____ Yes _____ No
- 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
_____ CFI	_____ A&P	_____ IA	_____ Other (specify)			
Ratings:						
_____ Instrument	_____ Complex	_____ Multi-engine				
Hours Logged:						
_____ 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.

Mail 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.
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, P.O. Box 6664, Rochester, MN 55903-6664** 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. Driver's License
 - e. Social Security Card or a valid second form of identification
 - f. Completed and signed SEMFC Insurance Questionnaire
 - g. Signed SEMFC Article 16
 - h. 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.
8. **A DEPOSIT CHECK PAYABLE TO SEMFC MUST ACCOMPANY ALL APPLICATIONS**
 - a. Write the check for the amount of the Membership Fee plus the Equity buy-in (see the SEMFC Flying Regulations and Operating Rules document for the specific amount).
 - b. Your payment **WILL NOT** be processed until you are accepted into the Club.

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