

Membership Application												
Last Name					First Name						М.І.	
Street Address / P.O. Box					City State						Zip	
Home Phone Cell				Primary E-Mail Addres				s				
Work Phone Cell				Secondary or Text E-Mail Address								
Membership Information												
											Other	
Supervisor's (Family Members) Name Emp.Badge # (Club #) Dept # / Shift / (Relationship) Date(s) Employed								ved				
Have you been a member of the Textron Aviation Employees' Flying Club, (BEFC or CEFC)? 🗌 No 🗌 Yes (List Dates)												
Has your membership ever been revoked or suspended? INO Yes (List Dates)												
Have you applied for membership in the TAEFC, BEFC or CEFC in the past?												
				nergen		ontact In						
			Address				Phone			Relationship		
	<u> </u>						1 110110					
Name (Relative - Not Living with You)				ddress	ilot li			Phone	ione		Re	lationship
Pilot Information												
					Type: Student Private Commercial ATP							
Pilot Certificate Number			Date I	ssued	Ratings: Instrument Multi Glider Other							
Instructor Certificate Number			Date I	ssued	Type: Ground CFI CFII MEI Other						☐ Other	
Date of Birth	of Birth Date Last Medical			s: IRST □S	require a wa			a waive	e any physical limitations which will aiver or limitation on your medical No Yes (Describe Below:)			
Flight History					Total Hours			Date of Last F		-light Review		
Approx Dates	s	School, FBO, Etc		c Lo		ocation		Types of J	A/C Flo	/C Flown		Approx Times
Do you have any prior FAA Violations or have you ever been involved in an aircraft accident? 🔲 No 🗌 Yes (Describe)												
Upon receipt of my membership, I agree to abide by all the rules and regulations of the Textron Aviation Employees' Flying Club. I understand that I must remain in the club for a minimum of six (6) months, unless I terminate from the company. If terminated I will notify the club in writing and pay all financial obligations due it. I understand that providing false information in this application may result in immediate revocation of my membership. I further understand that my membership in the Textron Aviation Employees' Flying Club is at will and my membership status can be changed at any time.												
Signature:	Х							Date:				



Credit History										
		M.I.								
Last Name	-irst Name	irst Name								
Social Security No. Dri				rivers License No.						
Street Address / P.O. Box Cit						State	Zip			
	.0		ony -							
Home Phone				Work Ph						
Automatic Credit Card Billing Authorization										
New TAEFC members are required to provide a credit card for automatic billing. All charges will be documented on your monthly electronic invoice. Your credit card will be automatically billed on or near the 20 th day of each month. (ALL REQUESTED INFORMATION IS REQUIRED)										
Name as Displave	Name as Displayed on Card				Credit Card Number					
			 □ Maste	rcard						
Billing Address	Billing Address City. ST						Expiration Date			
Billing Address City, ST Zip Expiration Date I certify that I am the authorized credit card account holder named below and I hereby authorize Textron Aviation Employees Flying Club to automatically bill the card listed below for payment of services. Expiration Date										
Cardholder's Signature:					Date:					
Have you ever been a party in a bankruptcy, collection suit or foreclosure? No Yes (Describe Below) Have you ever had any personal property repossessed or confiscated? No Yes (Describe Below)										
I understand that if my account is not paid by the last day of the month I will be suspended from flying and scheduling any club aircraft until the current balance (plus service charge) is paid. If my account is not paid by the last day of any following month, I will continue to be suspended from flying and scheduling any club aircraft until my account is paid in full. A service charge of 1.75% per month will placed on the unpaid balance (Annual rate of 21%) until the account is paid in full.										
Signature:	×				Date:					
For Office Use Oni	ly:	Member App Club # Official Signature	Member	Applicat	tion Appro	ved Member	Application Denied			



Medical Certificate Information

The TAEFC requires that new student pilot members have a current medical certificate from an Aviation Medical Examiner (AME) when they begin flight training.

To find an AME, use FAA's AME locator (<u>http://www.faa.gov/pilots/amelocator/</u>). As of 9 Aug 2016, AMEs in the Central Region (which includes Kansas) can be found here: <u>http://www.faa.gov/pilots/amelocator/media/ace_part_2.pdf</u>.

Only a third class medical is required to begin your flight training.

Student Pilot Certificate Information

Effective April 2016, the FAA now requires a separate student pilot certificate be issued for students seeking flight training. The process is straight forward and requires on-line (IACRA) application of items such as name, address, age, place of birth, etc., as well as citizenship verification.

Be aware that issuance can take around 2-4 weeks from submittal. So get your application submitted early so as not to delay your flight training progress. You must have *submitted* your IACRA application for a student pilot certificate prior to starting flight training with TAEFC. You must have *received* your student pilot certificate from the FAA prior to solo.

Non-US Persons

The FAA/TSA require citizenship verification prior to flight training. For non-US persons, that involves TSA screening. The TAEFC staff can direct you in what is required to be completed. As this process may take several weeks, get it started early so as not to unduly delay starting your flight training.