

# Blackhawk Flying Club, Inc. Membership Application



Type of Application:     Class 1     Class 2     Class 3

Membership Fee \$ \_\_\_\_\_

### General Information

Name:		Date of Birth:		SSN:	
Street:			Apt No.:		City:
State:	Zip:	Phone:		Email:	
Marriage Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced				Spouse's Name:	
Nearest Relative:		Address:			Phone:

### Employer Information

Employer:		Address:	
Phone:		Occupation:	Years:

### Pilot Information

Flying Hours:	Certificates:	Certificate No:
Aircraft Ratings/Endorsements:	Hours in C172:	Hours in C182:
Class of Medical:	Medical Due:	Medical Ailments:
BFR Due:	Hours in Last 3 mo.:	Accidents/Incidents:

Include the following documentation with this application, if applicable.

1. Copy of drivers license, pilot certificate, medical certificate, and Illinois certificate of registration.
2. Copy of check-out and approval by CFI to fly a Cessna 172.
3. Copy of check-out and approval by CFI to fly a Cessna 182 (include high performance endorsement).
4. Completed security form for Rockford Airport access.

### Flying Club/Pilot References

### Business/Personal References

1.	1.
2.	2.
3.	3.

I understand that the Board of Directors and the membership of the Blackhawk Flying Club determine my acceptance in the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club's constitution, by-laws, membership rules and decisions set forth by the Board of Directors.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsored by (BFC member)

### Approval

Board Member Initials:	Board Member Initials:	Board Member Initials:
Membership Certificate No.:		Date Issued: