

**MEMBERSHIP APPLICATION / CONTRACT**

Applicant Information				Airport Preference
Name		Date of Birth		<input type="checkbox"/> Renton <input type="checkbox"/> Paine
Address				<input type="checkbox"/> Both
City, State, Zip				<b>Office Use:</b> <input type="checkbox"/> BEFA Key <input type="checkbox"/> FSP <input type="checkbox"/> Add to Email List <input type="checkbox"/> Setup 2 Files <input type="checkbox"/> New Member 's Book
Employer		Boeing M/S		
Occupation		Work Ph No.		
Email Address		Cell Ph No.		

\*\*\*Please attach copy of valid U.S. photo identification & Letter of Introduction\*\*\*

**Membership Type**

- Boeing Employee       Retired Boeing Employee       Boeing Supplier / Vendor holding Boeing badge
- BEMS ID #** \_\_\_\_\_ **BEFA Staff Initials** \_\_\_\_\_ **Date Initialed** \_\_\_\_\_
- Family Member:** of Participating Member - Participating Member's Name \_\_\_\_\_  
 (\$95 Background Check fee required and due with Application. *IRS dependent minor excluded from Background Check.*)
- Guest Member:** (\$95 Background Check fee required and due with Application.)
- Former BEFA Member:** Year you left \_\_\_\_\_ Type of Membership \_\_\_\_\_

Airman Certificates		
<input type="checkbox"/> Student	<input type="checkbox"/> Private	<input type="checkbox"/> Commercial
<input type="checkbox"/> ATP	<input type="checkbox"/> Instrument	<input type="checkbox"/> CFI

Pilot Ratings	
<input type="checkbox"/> SEL	<input type="checkbox"/> MEL
<input type="checkbox"/> SES	<input type="checkbox"/> MES

Flying Experience	
No. Hours Flown	_____
%Civil	_____ %Military _____

**Membership Cost**

Did you purchase a member's share? Y / N      Seller's Name: \_\_\_\_\_

Type/Class (Circle One)	Participating or Guest Class I	Participating or Guest Class II	Participating or Guest Class III	Family	Affiliate	Associate	Membership Fees due with Application
Share	\$550	\$650	\$750				Amount Paid \$ _____
Initiation Fee	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	Check No. _____
Advance Dues	\$110	\$110	\$110	\$110	\$110	\$110	Check Date _____
Flying Deposit					\$200		Credit Card Payment <input type="checkbox"/>
Membership Fee					\$200		Amount Paid \$ _____
<b>Total</b>	<b>\$710</b>	<b>\$810</b>	<b>\$910</b>	<b>\$160</b>	<b>\$560</b>	<b>\$160</b>	Date _____

**Agreement:** I have read and understand the RULES OF OPERATION and the BYLAWS of the Boeing Employees' Flying Association, and the amendments thereto. I agree to be governed by these at all times while exercising my privileges as a member of this Association. I will be responsible for, and promptly satisfy any and all debts incurred by me while a member of the Association, and shall hold BEFA and The Boeing Company harmless from all actions arising out of my membership. I understand the above named Association is a non-profit corporation under the Laws of the State of Washington, solely independent from The Boeing Company. I further understand and agree that should I become a member of the above named Association, I shall forfeit all my privileges as a member if an Association aircraft is flown, operated or permitted by me to be flown or operated in violation of Federal Air Regulations, Association Rules of Operations thereto, or the Association's insurance contract. I shall, at all times, observe all safety precautions while operating the Association's aircraft. I understand that, except as provided under BEFA insurance, no responsibility is assumed by the Association for passengers carried in BEFA aircraft.

The following endorsement is required if the applicant is under 18 years of age. I \_\_\_\_\_, the \_\_\_\_\_ (specify father mother, legal guardian) of the applicant do hereby endorse and accept full responsibility for the applicant's actions with respect to the Boeing Employees' Flying Association, Inc.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Accounting:</b> <input type="checkbox"/> Pilot Info Setup <input type="checkbox"/> Recurring Dues Setup <input type="checkbox"/> Initial Charges Invoiced <input type="checkbox"/> Background Check Fee	Date _____
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**Pilot Record**

Name \_\_\_\_\_ Ph No. \_\_\_\_\_  
 Citizenship  USA  Other If other, specify \_\_\_\_\_  
 Airmen Certificate No. \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Ph No. \_\_\_\_\_

**FAA Medical Certificate**

Do you hold a Medical Certificate?  Yes  No  
 Class of Certificate \_\_\_\_\_  
 Date Issued \_\_\_/\_\_\_/\_\_\_  
 Waivers (If none, write none) \_\_\_\_\_

FAA Pilot Certificates Now Hold & Year Obtained	
<input type="checkbox"/> Student Pilot	_____
<input type="checkbox"/> Private Pilot	_____
<input type="checkbox"/> Commercial Pilot	_____
<input type="checkbox"/> Airline Transport Pilot	_____
<input type="checkbox"/> Flight Instructor Pilot	_____
<input type="checkbox"/> Ground Instructor Pilot	_____
FAA Pilot Ratings Now Hold & Year Obtained	
<input type="checkbox"/> Airplane Single-Engine Land	_____
<input type="checkbox"/> Airplane Multi-Engine Land	_____
<input type="checkbox"/> Airplane Single-Engine Sea	_____
<input type="checkbox"/> Airplane Multi-Engine Sea	_____

**Training & Refresher Training**

Year of first solo flight \_\_\_\_\_ Type rated in the following aircraft: \_\_\_\_\_

Describe Flight Training (Name of flight school or training center and/or military service, location, phone number, Instructor's name)  
 \_\_\_\_\_

Refresher/Transition Courses Description (dates, location, Instructor's Name and phone number)  
 \_\_\_\_\_

Do you participate in FAA Pilot Proficiency Award Program?  Yes  No If "Yes", what phase have you completed?  
 Ph I  Ph II  Ph III  Ph IV  Ph V. For what type aircraft? \_\_\_\_\_

**Pilot-In-Command (PIC) Experience**

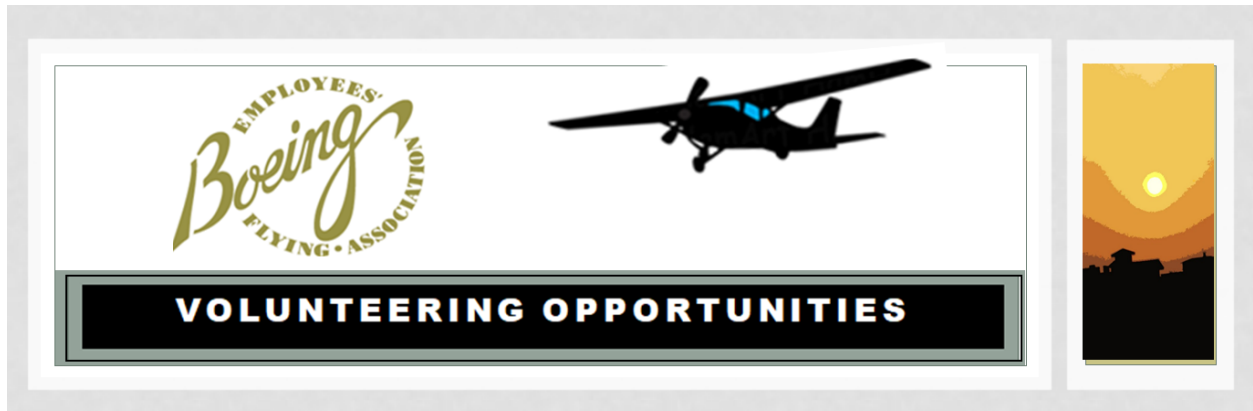
Aircraft Make/Model	Total Hours	Total Last 12 Months	Total Last 90 Days	Total Instrument	Total Night
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please explain fully any "Yes" answers to the following questions:**

- As pilot-in-command or as co-pilot have you had or been involved in any aircraft accidents/incidents?  No  Yes
- As pilot-in-command or as co-pilot have been found guilty of any Federal Air Regulations violations?  No  Yes
- Has your automobile driver's license ever been suspended or revoked?  No  Yes
- Have you had any automobile accidents within the last five (5) years?  No  Yes
- Have you ever been convicted of a felony or misdemeanor?  No  Yes
- Have you had a speeding ticket in the past five (5) years?  No  Yes
- Have you ever been a member of BEFA or other flying association?  No  Yes

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



The Boeing Employees' Flying Association (BEFA) is a nonprofit organization that fosters, promotes, and engages in all aspects of flying. To keep the costs down, BEFA depends on membership volunteers. This may include building repairs, ground maintenance, and/or assisting with activities such as the annual crab feed, washing airplanes / Bath and BBQs, and aviation shows. On Thursday evenings the BEFA Crew volunteers their time to perform preventive maintenance on various aircraft.

BEFA invites its membership to go above and beyond by being involved. It's a fun way to meet and learn from others, and share the spirit of comradery.

**Please indicate your personal skills and areas in which you would be willing to provide volunteer services to the Association.**

<b>Computers</b>	<b>Accounting &amp; Law</b>	<b>Activities</b>	<b>Maintenance &amp; Repair</b>	<b>Building &amp; Grounds</b>
<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Website	<input type="checkbox"/> Accounting <input type="checkbox"/> Finance <input type="checkbox"/> Legal Experience	<input type="checkbox"/> Fund Raising <input type="checkbox"/> Marketing <input type="checkbox"/> Social Events	<input type="checkbox"/> A&P <input type="checkbox"/> Electronics <input type="checkbox"/> Mechanical	<input type="checkbox"/> Carpentry <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Grounds Keeping

**Visual Arts:**    Photography    Videography

**Other:**   Specify your skills and/or areas of interest \_\_\_\_\_

Name \_\_\_\_\_

Ph No. \_\_\_\_\_

**How did you learn about BEFA?**

Boeing    Website    Flyer    Trade Show Booth    Friend    Other \_\_\_\_\_