



Bakalar Flying Club, Inc.
 4770 Ray Boll Blvd
 Columbus, IN 47203

MEMBERSHIP APPLICATION

APPLICANT INFORMATION				
FULL NAME:				
DATE OF BIRTH:		EMAIL:		
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
PHONE NUMBER:		CITIZENSHIP:		
MEMBERSHIP TYPE				
REGULAR <input type="checkbox"/>		ASSOCIATE <input type="checkbox"/>		
PILOT INFORMATION				
<u>CERTIFICATES</u>		<u>RATINGS</u>		<u>ENDORSEMENTS</u>
NONE <input type="checkbox"/>		SEL <input type="checkbox"/>		HIGH PERF <input type="checkbox"/>
STUDENT <input type="checkbox"/>		MEL <input type="checkbox"/>		COMPLEX <input type="checkbox"/>
PRIVATE <input type="checkbox"/>		IFR <input type="checkbox"/>		OTHER
COMMERICAL <input type="checkbox"/>		OTHER		
ATP <input type="checkbox"/>				
CFI <input type="checkbox"/>				
CFII <input type="checkbox"/>				
EXPERIENCE				
		<u>TOTAL</u>	<u>CESSNA 172</u>	<u>CESSNA 182</u>
TOTAL HOURS				
LAST 12 MONTHS				
CURRENCY				
DATE OF LAST FLIGHT REVIEW:		DATE OF LAST MEDICAL EXAM:		
TYPE OF MEDICAL CERTIFICATE:				
MEDICAL RESTRICTIONS:				
VIOLATIONS & ACCIDENTS				
AS PIC, HAVE YOU EVER HAD ANY VIOLATIONS OR ACTIONS AGAINST YOUR PILOT CERTIFICATE?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
AS PIC, HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT INVOLVING DAMAGE TO AIRCRAFT, REPORTABLE OR NOT?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

HAVE YOU EVER BEEN CONVICTED OF OPERATING ANY VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ARE YOU CURRENT UNDER INDICTMENT FOR A FELONY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EXPLAIN ANY "YES" ANSWERS:		
I HAVE READ THE BY-LAWS AND OPERATIONAL RULES AND AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF BAKALAR FLYING CLUB, INC., THE FAA, AND OF ALL GOVERNMENT AGENCIES.	INITIAL	
I HAVE READ AND AGREE TO THE PRIVACY POLICY.		
I AGREE NOT TO USE CLUB AIRCRAFT FOR COMMERCIAL OR ANY ILLEGAL PURPOSE.		
I AGREE TO PAY ALL DUES AND FEES ASSESSED IN A TIMELY MANNER AS REQUIRED BY THE CLUB BY-LAWS AND FAILURE TO DO SO MAY RESULT IN LOSS OF FLYING PRIVILEGES.		
UNDERSTAND THAT I MAY BE LIABLE FOR ANY DAMAGE CAUSED TO CLUB AIRCRAFT UP TO THE AMOUNT OF THE DEDUCTIBLE.		
I UNDERSTAND THAT THE MINIMUM LENGTH OF TIME OF MY MEMBERSHIP IS 12 MONTHS AND 90 DAYS NOTICE MUST BE GIVEN BEFORE LEAVING THE CLUB.		
I UNDERSTAND THAT WHEN LEAVING THE CLUB MY MEMBERSHIP WILL BE SOLD BY THE CLUB AND THAT MY MEMBERSHIP DEPOSIT WILL BE REFUNDED FOLLOWING THE SALE.		
SIGNATURE: _____	DATE: _____	
APPLICANTS UNDER 18 MUST HAVE SIGNATURE OF A PARENT OR LEGAL GUARDIAN BELOW		
NAME:	RELATIONSHIP:	
SIGNATURE: _____	DATE: _____	