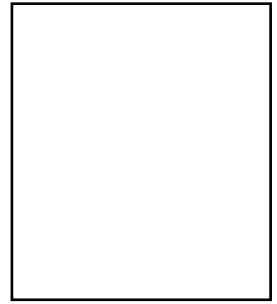


Member NO. _____



BSC Flying Club
Application Form for BSC Flying Club Member

Personal Information

Name : Mr./Ms./Mrs _____ (English)

นาย/นางสาว/นาง _____ (ไทย)

Date of Birth (DD/MM/YYYY) ____/____/____ Nationality _____

Religion _____ ID No. or Passport No. _____ Issued By _____

Issue Date: _____ Expiry Date : _____

Address: _____

Telephone: Home: (____) _____ Mobile: (____) _____

Work: (____) _____ Fax: (____) _____ E-Mail Address: _____

Other Instance Messenger: (MSN, Skype, etc) _____

Membership Level Desired:

- Private Pilot -- Full Membership
- Student Pilot Membership
- CFI -- Full Membership
- CFI -- Associate Membership

Aviation Experience

Pilot Rating(s) _____ Total Hours _____

Experience:	Aircraft Type	Aircraft Model	Flight Hours
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about the club? _____

Have you ever had an aviation accident? Yes No

If Yes, Please give us details: _____

Have you ever had your pilot license revoked or suspended? Yes No

If Yes, Please give us details: _____

I understand that my request for membership in **BSC Flying Club**. will be reviewed during the next Membership Meeting and that I must be present at this meeting. If my membership is approved, I will be prepared to pay my membership fee, key deposit, and first month's dues at this meeting. I also agree, upon membership approval, to remain a member in good standing by upholding all of the club operating rules and by-laws, and by paying all flight time, monthly dues, assessments, as well as any other expenses incurred by me, upon receipt of the monthly statement. Further, I hereby give my consent for **BSC Flying Club**, Inc. to investigate my credit and driving history in evaluating my application.

Signature _____ Date _____

Consent for Minors

I _____, (parent/legal guardian)

do hereby give my permission for _____ to

apply for membership in **BSC Flying Club**. I have read the statement above and I

understand that I am responsible for payment of all charges incurred on this account. I

give my consent for **BSC Flying Club**. to investigate my credit records to evaluate

eligibility for membership.

Signature _____ Date _____

Parent/Guardian:

ID or Passport No. _____ Date of Birth ____/____/____ (DD/MM/YYYY)