



Jeppesen Employees
Flying Association

JEPPESEN EMPLOYEES FLYING ASSOCIATION
12830 East Control Tower Road #J4, Englewood, CO 80112
Membership Application Form and Contract Information

Name: _____

Home Phone: _____ Wk. Phone: _____ Cell: _____

Email Address: _____

Affiliation

Jeppesen Employee Retired Jeppesen Employee Family/Guest Member of:

Jeppesen Organization: _____

Affiliate Member Associate Members (A/C owners) Service Member

(includes contract workers with Jeppesen badge and JEFA-approved CFIs)

Address

Street: _____

City: _____ State: _____ Zip: _____

Personal Info

Birthdate: _____

Driver's License Number: _____ Driver's License State: _____

Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Wk. Phone: _____ Cell: _____

Airmen Information

Airmen Certificate Number: _____ Date Issued: _____

Student Private Commercial ATP Instrument Rated

Class Held: SEL MEL SES MES

Flying Experience Hours Flown: _____ Hours Flown in Colorado: _____

High Performance Time: _____ Complex A/C Time: _____ Multi-Engine Time: _____

Date of Last Flight: _____ BFR Due Date: _____ Medical Due Date: _____

Types of Aircraft Flown: _____

How many hours a month do you plan on flying JEFA aircraft? _____

When do you plan on doing the majority of your flying (weekends, weekdays, mornings, or evenings)?

Why do you want to join JEFA? _____

As pilot-in-command or as co-pilot have you:

Had, or been involved in, any aircraft accidents? Yes No

Had any violations of federal air regulations? Yes No

Has your driver's license ever been suspended or revoked? Yes No

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? Yes No

Have you ever had any automobile accidents within the last five years? Yes No

If you answered 'yes' to any of the above questions, please explain: _____

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

Sign: _____ **Date:** _____

I have read and understand the RULES OF OPERATION and the BY-LAWS of the Jeppesen Employees Flying Association, Inc., and 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 fully responsible for, and promptly satisfy any and all debts incurred by me while a member of the association, and shall hold JEFA 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 Colorado, solely independent from The Jeppesen 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, Amendments thereto, or the Associations insurance contract. I shall, at all times, observe all safety precautions while operating Association aircraft. I understand that except as provided under JEFA insurance no responsibility is assumed by the association for passengers carried in JEFA 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 Jeppesen Employees Flying Association, Inc.

Initiation Fee:	\$50.00	Please return this application and a check for first month's dues and initiation fee by mail to JEFA, or you can give or send via inter-office mail, your application and check to any JEFA board member. Refer to the JEFA web site at http://www.flyjefa.org in the Board section for a list of JEFA Board Members.
Monthly Dues: 1 st month dues are required with your application	\$30.00	
Total:	\$ 80.00	After your application has been reviewed by the Director of membership and signed off, the Director of Membership will contact you to get you set up to start flying!

Make check payable to: JEFA

Sign: _____ **Date:** _____

PLEASE NOTE:

Exercise of membership privileges may require Board approval.
If applying as an affiliate member, exercise of membership privileges will require Board approval.

Indicate personal skills and areas in which you would be willing to provide volunteer services to JEFA;

- | | | | | | |
|---|---|--------------------------------------|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> A&P | <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Advertising | <input type="checkbox"/> Building | <input type="checkbox"/> Construction | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Electrical | <input type="checkbox"/> Electronics | <input type="checkbox"/> Engineering | <input type="checkbox"/> Open House | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Legal Experience | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Publicity | <input type="checkbox"/> Plane Washing | <input type="checkbox"/> Software |

To be completed by Director of Membership

Approved By: _____ **Date:** _____