

RFC INSURANCE FORM UPDATE

to include information up to 01/31

NAME (last name, first name)			
New Member			
Club Member Status	TOTAL FLIGHT TIME	TOTAL RETRAC TIME	AGE
Active			
HOME NUMBER	WORK NUMBER	CELL PHONE NUMBER	
EMAIL ADDRESS			
CERTIFICATES/RATINGS			
OCCUPATION			
LAST MEDICAL	LAST BFR	TOTAL TIME LAST 90 DAYS	177RG (172RG) TIME
PA28/180 or 181 TIME		BEECH 33/35/36 TIME	
HAS CERTIFICATE BEEN REVOKED OR SUSPENDED			
IF YES, PLEASE EXPLAIN			
ANY MEDICAL RESTRICTIONS (other than corrective lenses)			
DATE YOU JOINED RFC	EMERGENCY CONTACT		
EMERGENCY NUMBERS			
I certify the above information is true and correct to the best of my knowledge.			
RFC member signature: _____		Date: _____	