

MEMBERSHIP APPLICATION	Scott	AFB AERO CLUB	DATE
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*AUTHORITY; 10 USC 8012, Secretary of the Air Force: powers and duties; delegation by.
 PRINCIPAL PURPOSE(S): To determine individual's eligibility for aero club membership and past flying experience.
 ROUTINE USES: To determine an individual's eligibility for membership and flying activities in an Air Force aero club and provide the club information on the individual's history and capabilities as a pilot. Information may be disclosed to the Federal Aviation Agency, National Transportation Safety Board, and Veteran's Administration personnel conducting official business and having a valid requirement for the information. Information may also be disclosed to any DOD component or part thereof, and upon request, to other Federal, state, and local governmental agencies in the pursuit of their official duties.
 It may also be disclosed to commercial insurance carriers in instances where incidents potentially impact on aero club insurance coverage. Finally, it may be used for other lawful purposes including law enforcement and or litigation. SSAN is used for positive identification of the individual and records.
 DISCLOSURE IS VOLUNTARY: Failure to provide any or all of the information, including SSN, may result in the individual being denied aero club membership and or participation in aero club flying activities.*

NAME (Last, First, Middle Initial)	GRADE	SSN
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MAILING ADDRESS (Number, Street, City, State, Zip Code)	HOME PHONE	DATE OF BIRTH
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DUTY ADDRESS	DUTY PHONE	IDENTIFICATION CARD NO.	DATE SEPARATED FROM ACTIVE DUTY
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TYPE OF MEMBERSHIP	BASIS OF ELIGIBILITY		
<input type="checkbox"/> REGULAR	<input type="checkbox"/> ACTIVE RETIRED	<input type="checkbox"/> RETIRED MILITARY	<input type="checkbox"/> RESERVE
<input type="checkbox"/> INTRODUCTORY	<input type="checkbox"/> DEPENDENT DOD/NAF	<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> OTHER (Specify)

DATA FOR EMERGENCY NOTIFICATION

NAME (Last, First, Middle Initial)	ADDRESS (Number, Street, City, State, Zip Code)	PHONE/AREA CODE	RELATIONSHIP
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SPONSOR INFORMATION (Complete if Dependent)

TYPE OR PRINT SPONSOR'S NAME (Last, First, Middle Initial)	SPONSOR'S SIGNATURE (Only Required for Minors)	DATE
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ORGANIZATION	GRADE	SSN	RELATIONSHIP
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RESERVE/NATIONAL GUARD PERSONNEL

OFFICIAL ORDERS STATING CURRENT RESERVE/NATIONAL GUARD STATUS ARE ATTACHED.

I understand that should my Reserve or Guard status change and make me ineligible for aero club membership, it is my responsibility to notify the aero club manager and terminate my membership.

TYPE OR PRINT NAME (Last, First, Middle Initial)	SIGNATURE	DATE
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PILOT CERTIFICATION INFORMATION

FAA CERTIFICATE <input type="checkbox"/> ATP <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> STUDENT <input type="checkbox"/> CFI <input type="checkbox"/> CF II <input type="checkbox"/> GSM <input type="checkbox"/> NONE	CERTIFICATE(S) NO.		
RATING: <input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> INST <input type="checkbox"/> OTHER (Specify)	TOTAL HOURS FLYING TIME TOTAL HOURS FLOWN LAST 12 MONTHS		
DATE LAST BFR	FCC PERMIT GRANT DATE	FAA MEDICAL CERTIFICATE	DATE OF PHYSICAL
		CLASS	

PLEASE ANSWER THE FOLLOWING QUESTIONS. HAVE YOU EVER BEEN:		YES	NO
A. A member of a U.S. Armed Forces Aero Club? If yes, enter name of club:			
B. Denied membership in or terminated from a U.S. Armed Forces Aero Club?			
C. Refused an aeronautical certificate or had an aeronautical certificate suspended or revoked?			
D. Reported for violation of any FAA regulation or other flying regulations?			
E. Involved in an aircraft incident/accident?			
F. Convicted of use of hallucinogens or dangerous drugs including marijuana?			
G. Convicted of serious alcohol-related charges such as operating motor vehicle under influence of liquor?			

If answered yes, give full details, including date, location, nature, and disposition, on separate sheet and attach

CERTIFICATION (To be completed by civilian applicants, including dependents)

I certify that the above information is true and correct. I further certify that if accepted for membership I will read and comply with all Air Force, FAA, State, and AERO Club Directives and that I am financially able to pay any foreseeable financial obligations incurred through this membership. In consideration of the Scott Aero Club accepting payment by check for goods or services and for payment by charge/credit for myself and my authorized dependents, I hereby authorize deductions from my pay for any check given by me or my authorized dependents that is subsequently dishonored and for any charge/credit sale which is not paid within 90 days of when I am notified the charges are due. I understand that violation of any regulation may be grounds for suspending or revoking my membership and may make me liable for any damages to persons or property as a result of such violation. Furthermore, I will terminate my membership in writing and will settle my account prior to departure.

APPLICANT'S SIGNATURE	SPONSOR'S SIGNATURE (Required for Minor Dependents)
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FOR OFFICE USE ONLY

LETTER OF GOOD STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBERSHIP CARD NO.	MANAGER'S SIGNATURE	DATE
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ADDENDUM TO APPLICATION FOR MEMBERSHIP AT THE SCOTT AERO
CLUB

In joining the Scott AFB Aero Club, I understand and agree to the following:

1. I will comply with those policies and procedures set forth in AFM 34- 232, Aero Club Standard Operating Procedures and Federal Aviation Regulations.
2. I understand that the Aero Club, through the Non-Appropriated Fund Self-Insurance Plan, retains personal injury and liability insurance coverage for all claims resulting from the operation of Scott Aero Club aircraft by Scott Aero Club members. Hull insurance is also covered by the NAF self-insurance plan and the Aero Club is responsible for \$250.00 deductible. However, I understand that in the case the accident is deemed as Pilot error by the final investigation report I will reimburse the Aero Club for the deductible. Furthermore, I understand in case of gross and willful misconduct or violation of applicable directives, I may be held liable for any other costs associated with the accident.
3. I understand as an Aero Club member, I will be assessed monthly dues of \$26.00 payable NLT than the 16th duty day of each month. Advance annual dues payable upon membership and NLT the 1st duty day of the anniversary month thereafter. Not to exceed the fiscal year (Oct).
4. I understand a \$25.00 Initiation Fee will be assessed upon membership. This fee will be waived if I provide a Letter of Good Standing from another Military Aero Club.
5. Regardless of the payment method I choose, I agree to provide a valid credit card number with authorization to charge monthly dues. If my credit card should reject for any reason there will be no administrative cost to rerun the credit card if the credit card on file is a Scott Club Mastercard/Visa, otherwise there will be a \$5.00 fee to re-process the transaction. If dues are not received by the last day of the month, membership will be terminated.
6. I understand that all transactions to include merchandise, flight time, instruction, and services must be paid for at the time of purchase with cash, check, MasterCard or Visa. If transaction is not paid at the time of flight, instruction or services amount will be charged to member credit card that is on file. I understand that my attendance and participation at the Aero Club Safety Meeting are required as described by AFMAN 34-232. I further understand that non-compliance with the attendance requirements will result in grounding until attending the next Safety Meeting.

7. I voluntarily authorize the Aero Club to collect from my pay the full amount of any dishonored checks presented by me or my family members plus any fees incurred if not made good within specified time frames as outlined in AFMAN 34-232.

8. Upon resignation I will complete and sign a letter of resignation at the Scott Aero Club and keep a copy as my receipt as described in Aero Club Standard Operating Procedures and AFM 34-232. Failure to do so may incur additional unrefundable monthly membership dues.

MEMBERS

SIGNATURE _____ DATE _____

Credit Card Info (Must be Visa or MasterCard or Proprietary)

_____ (16 chars)

Month Exp _____

Year Exp _____

(Staff will black out info after entered into database)

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

NOTE: Section II of this form is to be completed for all minors, regardless of age and regardless of whether the parent has executed Section I on behalf of the minor. Complete one form for each person.

DATE

PLACE

I. AGREEMENT

I, *(Print Name)* _____ am about to voluntarily participate in various activities, including flying activities, of the _____ Aero Club as a pilot, student pilot, copilot, instructor, or passenger. In consideration of the Aero Club permitting me to participate in these activities, I, for myself, my heirs, administrators, executors, and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim, or suit against the US Government for any destruction, loss, damage, or injury *(including death)* to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Aero Club.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the US Government for all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death, or property damage, loss or destruction that may result while participating in Aero Club activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the US Government.

I also understand and agree that I may be held liable for any damages or loss to the US Government which is caused by my gross negligence, willful misconduct, dishonesty, or fraud, and for limited damages or loss to the US Government which is caused by my simple negligence.

The term US Government as used herein includes the _____ Aero Club and any officer, agent, or employee of the US Government or the Aero Club, or any Aero Club member, participant, user, or flight or ground instructor, acting officially or otherwise.

DATE

SIGNATURE

SIGNATURE OF AERO CLUB OFFICIAL

If a minor, so indicate and state age. If the minor is capable of signing, have him/her sign. If he/she is not capable, have parent sign for the minor: that is, "John Jones by Harry Jones, his father" and sign below.

II. AGREEMENT FOR MINOR PARTICIPANT

FOR MINOR *(Signature)*

I/We, _____, parent (s) of the above-named minor do hereby (1) consent to him/her participating in the activities of the _____ Aero Club. (2) agree to the provisions of the above agreement and adopt it as my/our own, and (3) agree to reimburse the US Government for any damages or loss incurred by it for which this minor would be liable were he/she over 21 years of age.

DATE

PARENT'S SIGNATURE

Scott AFB Aero Club Flight Training Center

Student Information Sheet

Date: _____

Name: _____

Telephone (Home/Work): _____

Availability: _____

Height: _____ Weight: _____ Birth Date ¹: _____

Instructor Preferred (if known): _____

Type Aircraft Preferred (if known): _____

Ground School / Exams Completed: _____

Certificate / Ratings Held: _____

Flying Background: _____

Type Instruction Requested: _____

¹ Not required, but helpful in assigning instructors

Citizenship Verification

I certify that I have verified the U.S. citizenship of _____
on _____ and by the information contained on his/her _____
find him/her to be a legal citizen of the United States of America.

Signature

Title

Membership Eligibility

I have verified that _____ is eligible for membership in the Scott Aero
Club by virtue of information contained on his/her _____
on _____.

Signature

Title

Instructor Assigned: _____

Chief Instructor Signature: _____