



ELMENDORF AERO CLUB
PO Box 6292, Bldg. 10286
JBER, AK 99506-6292
(907) 552-5435

Thank you for your interest in becoming a member at the Elmendorf AFB Aero Club/Flight Training Center!

Attached is the membership application and forms needed to begin your membership.

Please bring the following when you come to the Aero Club so we can ensure you can start flying as soon as possible! We can make copies for you if needed.

- AF Form 1710 – Membership application
- AF Form 1585 – Covenant Not to Sue
 - If you are under the age of 21, your parent(s) must complete the bottom portion of this form
- Credit Card Authorization Form
- Copy of Military ID card, DOD civilian ID, Civil Air Patrol card, or other permanent base access ID
- Copy of Proof of Eligibility
- Copy of Proof of Citizenship – Birth certificate or current passport
- Copy of Medical Certificate
- Copy of Pilot Certificate

Member dues are \$35 a month with a one-time initiation fee of \$35. Members may cancel at any time. (Cancellations must be done in writing)

Once your membership has been processed, we will set you up with an instructor. To better pair you with an instructor please answer the following questions:

What are your aviation goals?

What is your availability?

We are excited for you to join us here at the Aero Club!

Print Full Name

Signature

Date

MEMBERSHIP APPLICATION <u>ELMENDORF AFB AERO CLUB</u>	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 Administration, National Transportation Safety Board, Transportation Security Administration 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. .
 DISCLOSURE IS VOLUNTARY: Failure to provide any or all of the information may result in the individual being denied aero club membership and or participation in aero club flying activities.*

NAME (Last, First, Middle Initial)	GRADE/RANK	DATE OF BIRTH
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MAILING ADDRESS (Number, Street, City, State, Zip Code)	HOME PHONE	EMAIL
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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-DUTY	<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	EMAIL	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"/> CFII <input type="checkbox"/> NONE <input type="checkbox"/> OTHER	CERTIFICATE(S) NO.
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RATING <input type="checkbox"/> SEL <input type="checkbox"/> MEL	TOTAL HOURS FLYING TIME	TOTAL HOURS FLOWN LAST 12 MONTHS
<input type="checkbox"/> INST <input type="checkbox"/> OTHER (Specify)		

DATE LAST FLIGHT REVIEW	FCC PERMIT GRANT DATE	FAA MEDICAL CERTIFICATE _____CLASS	DATE OF PHYSICAL
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PLEASE ANSWER THE FOLLOWING QUESTIONS. HAVE YOU EVER BEEN:	YES	NO
A. A member of a U.S. Armed Forces Aero 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, TSA, 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 _____ 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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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
ELMENDORF AERO CLUB

I. AGREEMENT

I, *(Print Name)* _____ am about to voluntarily participate in various activities, including flying activities, of the **ELMENDORF AFB 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 of 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 **ELMENDORF AFB 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 other otherwise.

DATE

SIGNATURE

SIGNATURE OF CLUB OFFICAL

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-names minor do hereby (1) consent to him/her participating in the activities of the **ELMENDORF 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

Aero Club Member # _____

Elmendorf Aero Club

PO Box 6292, JBER, AK 99506-6292
(907) 552-5435

Recurring Charge Authorization

I, _____, authorize the Elmendorf AFB Aero Club to charge the credit card listed below for Aero Club dues and/or services each month until I revoke this authority in writing or until the last month of my eligibility for membership.

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Credit card number (VISA, MASTERCARD, AMERICAN EXPRESS)

□	□	-	□	□
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Expiration Date (MM-YY)

□	□	□
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CVV

I authorize the following charge to be made on the 15th of each month to the account listed above.

Monthly Dues \$35 _____	Initials _____
Family Dues \$45 _____	Initials _____
Monthly Dues with A/C Tie Down \$65 _____	Initials _____

WORK PHONE # _____

CELL PHONE # _____

Furthermore, I authorize the Elmendorf Aero Club to charge this account for invoices and receipts prepared as a result of services used by me and indicated as a charge "on file" and containing my signature as shown below.

I understand that it is my responsibility to notify the Aero Club if any information changes regarding the credit card. (Number or expiration date change)

Signature

Date

PRIVACY ACT STATEMENT

Authority: 10 USC 8012 (Secretary Air Force Powers and Duties)

Principal Purposes: Collect data necessary for the administration of a Services program.

Routine Uses: To aid in collection of data essential to access patrons for recurring use fees and services, and resource collection of accounts returned to Services.

Whether disclosure is Mandatory or Voluntary and Effect on Individual for Failure to Disclose Information: Disclosure is voluntary, however failure to do so is cause for refusal of charge privileges, and all fees and charges for services would be payable in advance.