

Kadena Aero Club - Membership Preparation Checklist

NAME: _____

I. *The following items must be completed prior to scheduling instruction.*****

- *Date _____ AF Form 1710, Membership Application
- *Date _____ AF Form 1585, Covenant Not to Sue
- *Date _____ Membership Agreement (member keeps copied documents for future reference)
- *Date _____ Copy of valid Military ID (remind members to bring in new ID when current one expires)
- **Date _____ Copy of FAA Pilot Certificate (if applicable)
- **Date _____ Copy of Medical Certificate/ Student Pilot Certificate (if applicable)
 - o *Initial and Date:* _____

Note 1: Obtaining an FAA medical certificate is the responsibility of the student or member and must be obtained prior to the student's first supervised solo flight or prior to the first flight for any rated pilot. At Kadena it can take up to 6 months or more to get an appointment for a flight physical.

Note 2: If you think that you have a physical discrepancy, it is highly recommended that you contact an FAA doctor before taking a flight lesson.

- *Date _____ Initiation Fee and First Month's Dues → \$35.00 + \$25.00 = \$60.00
- *Date _____ Create Aero Club Dispatch Program Account/Membership ID
- *Date _____ Create Online Schedule Program Account (FlightSchedulePro)
- *Date _____ Membership Card

II. * The following items are mandatory for Pvt/Ins/Com training. *****

- Date _____ Original Birth Certificate, US Passport, or Naturalization as proof of US citizenship. (Otherwise, student must proceed through TSA AFSP.)
- Date _____ Logbook endorsement as proof of US citizenship from an instructor.
- Date _____ Memorandum from Chief Instructor

III. * The following must be accomplished prior to your first flight. *****

- Date _____ Standardization and Make & Model exams (mandatory for Rated Pilot)
- Date _____ PIFs (Pilot Information Files)
- Date _____ Attend Safety Meeting or watch Safety Meeting video
- Date _____ Local area familiarization slides
- Date _____ Standard Operating Procedures (SOP)
- Date _____ Receive Instructor Assignment from Chief CFI, if students.
(If not, contact Aero Club staff to receive checkout instructor.)
Name of Primary Instructor: _____
- Date _____ Contact Instructor to set up 3 hours ground instruction for grading tests (for rated pilots) and indoctrination briefing (ALL members).
 - o Date/Time/Who Scheduled: _____
- Date _____ Indoctrination Briefing

Please return this form with the Indoctrination Form to the Aero Club Staff prior to your first flight.

Signature: _____ **Date:** _____

MEMBERSHIP APPLICATION _____ KADENA _____ 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 (Last 6 digits)
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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. N/A	DATE SEPARATED FROM ACTIVE DUTY N/A
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TYPE OF MEMBERSHIP	BASIS OF ELIGIBILITY		
<input checked="" 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
ORGANIZATION	GRADE	SSN
		RELATIONSHIP

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			CERTIFICATE(S) NO.
<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			
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 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?		
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 _____ Kadena _____ 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

KADENA AERO CLUB, KADENA AB, OKINAWA JAPAN

I. AGREEMENT

I, (*Print Name*) _____ am about to voluntarily participate in various activities,

including flying activities, of the _____ KADENA _____ 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 _____ KADENA _____ 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 the minor is not capable, have parent sign for the minor: that is, "John Jones parent of Harry Jones, his father" and sign below.

II. AGREEMENT FOR MINOR PARTICPANT

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 _____ KADENA _____ 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 17 years of age.

DATE

PARENT'S SIGNATURE

AGREEMENT

1. The undersigned, in consideration of the rental to him/her from time to time of aircraft understand and agree to the terms and conditions of this agreement: (please initial before each statement)
 - a. _____ I agree to comply with all applicable directives and operate club aircraft in a safe and prudent manner consistent with Air Force, FAA, and the aircraft manufacturer's guidance. (**NOTE:** Operations that damage aircraft can lead to assessment of pecuniary liability under AFI 34-402, Protecting Nonappropriated Fund Assets. Examples of culpable negligence include: Failure to follow checklist procedures, disregarding operating restrictions, flying while out of currency, and careless or reckless operation of aircraft.)
 - b. _____ I agree to immediately notify the Aero Club of any change in personal information if this change has any bearing upon my ability or qualifications to operate an aircraft or the Aero Club's ability to contact me by telephone/email or mail.
 - c. _____ I agree to pay monthly dues on the 3rd day of the month, unless I am TDY for full number of days of the month and unable to visit another military club to fly. I agree that, should I fail to pay membership dues as required for a period of ninety (90) days, I will be considered in a delinquent status regarding club dues. If I am in a delinquent status, and have not submitted a valid resignation form, IAW Kadena Aero Club SOP, Chapter 1, I agree that the Nonappropriated Funds Accounting Office (NAFAO) may initiate a Military Pay Order Action via DD Form 139 and collect any delinquent debts outstanding. Thereafter, I understand that I may be terminated from club membership if I continue to be delinquent in paying my club dues/invoices, IAW Kadena Aero Club SOP.
 - d. _____ I agree to assist the manager or other club officials in daily club operations when requested.
 - e. _____ I agree to present my logbooks, pilot certificate, and medical certificate to the manager, chief flight instructor, or clearing authority for examination upon request.
 - f. _____ I agree to attend scheduled monthly safety meetings. I agree to notify the Aero Club if I am unable to attend the safety meeting in advance with a valid reason.
 - g. _____ I agree that once I have received ground or flight training; there will be no refund, regardless of my progress in the overall training of my pilot training.
 - h. _____ I understand that I would need to request my aero club account balance and refund, if applicable. I agree that there will be no refund 60 days after termination.

2. The Aero Club will furnish the member, at prevailing rates, suitable aircraft to meet recreational flying, currency requirements and proficiency and standardization check flights required by applicable directives.

Member's Name

Member's Signature

Date

I hereby give authorization for all Aero Club transactions to be charged to my Visa/MC/AMEX account. (circle one)

Member's Signature

Credit Card #

Exp. Date

CVV#

ATTACHMENT 1

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
• Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, or MasterCard. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under the amount authorized below. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Kadena Aero Club to charge my credit card indicated (full name) below on:

The third of each month for payment of my Dues In the amount of 25.00

The 1st and 15th of each month for payment of my _____ in the amount of _____

The first Monday of each week for payment of my _____ In the amount of \$ _____

I understand that I will only receive advance notice of the charge if it exceeds an amount different than authorized.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard American Express
Cardholder Name _____
Card Number _____
Expiration Date _____ CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.