Kadena Aero Club - *Membership Preparation Checklist*

NAME: _____

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

- ☐ *Date _____ DAF Form 1710, Membership Application
- ☐ *Date _____ AF Form 1585, Covenant Not to Sue
- ☐ *Date _____ Credit Card Authorization Form
- ☐ *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)
  - ***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.*

  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)

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).
  - 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

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 maybe 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	DOD ID
MAILING ADDRESS *(Number, Street, City, State, Zip Code)*	HOME PHONE	DATE OF BIRTH
SQD / UNIT / DETACHMENT	DUTY PHONE	DATE SEPARATED FROM ACTIVE DUTY N/A

TYPE OF MEMBERSHIP
[X] REGULAR
[ ] INTRODUCTORY

BASIS OF ELIGIBILITY
[ ] ACTIVE ~~RETIRED~~ [ ] RETIRED MILITARY [ ] RESERVE
[ ] DEPENDENT DOD/NAF [ ] CIVILIAN EMPLOYEE [ ] OTHER *(Specify)*

DATA FOR EMERGENCY NOTIFICATION

NAME *(Last, First, Middle Initial)*	ADDRESS *(Number, Street, City, State, Zip Code)*	PHONE/AREA CODE	RELATIONSHIP

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	DOD ID	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

PILOT CERTIFICATION INFORMATION

FAA CERTIFICATE
[ ] ATP [ ] COMMERCIAL [ ] PRIVATE [ ] STUDENT [ ] CFI [ ] CF II [ ] GSM [ ] NONE

CERTIFICATE(S) NO.

RATING: [ ] SEL [ ] MEL [ ] INST [ ] OTHER *(Specify)*

TOTAL HOURS FLYING TIME	TOTAL HOURS FLOWN LAST 12 MONTHS

DATE LAST BFR	FCC PERMIT GRANT DATE	FAA MEDICAL CERTIFICATE CLASS	DATE OF PHYSICAL

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 ail Air Force, FAA, State, and AERO Club Directives and that I am financially able to pay any forseeable 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)*

FOR OFFICE USE ONLY

LETTER OF GOOD STANDING [ ] YES [ ] NO	MEMBERSHIP CARD NO.	MANAGER'S SIGNATURE	DATE

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

Kadena Aero Club & Flight Training Center
BLD 455, Schilling Community Center
Kadena AB, Okinawa JP
DSN: 634-4207, Comm: 011 81 80 6493 6299
Office Hours: M-W-F, 1000-1800 / Aircraft available for rent 24/7
Aero Club Manager: Scott Mase
Chief Flight Instructor: Yu Machida

Credit Card Authorization Form

You authorize regular charges to your Visa, MasterCard or American Express. You will be charged each time an invoice is generated for all activity that is scheduled and signed off by you to include No Call/No Show reservations. Additionally, on the 3rd of the month, membership dues will be automatically charged. To cancel your membership, please provide written notice ten (10) days prior to termination.

Please complete the information below:

I _____ authorize KADENA AERO CLUB to charge my credit card for services received at the Aero Club, in addition to monthly membership dues.

I understand that I will receive receipts via email for all transactions that occur at the Kadena Aero Club under my name.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card entered in Orbital 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 10 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 and authorized payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Entered in Orbital: _____ Admin Initials: _____