



ACADEMY FLIGHT TRAINING CENTER
9222 Airfield Drive, Bldg. 9222
USAFA, CO 80840
(719) 333-4542

Thank you for your interest in the Academy Flight Training Center.

Attached are the forms that will make the process of joining the club much easier. If you have a Letter of Good Standing from another Aero Club, please provide us with a copy when you return this application package, so you are not charged the initiation fee of \$60.00. In addition to these forms, we will need a copy of your military ID card, Air Force or DOD civilian ID card or current Civil Air Patrol card and a birth certificate or a current passport. If you are a rated pilot, copy of your current medical and pilot certificate are also required. We will be glad to make all of the copies for you.

AF Form 1710 is the Membership Application, and it should be self-explanatory.

AF Form 1585, the Covenant Not to Sue, is to be filled in with your name, date and signature. If you are under the age of 18, your parent(s) must complete the bottom portion of the form.

Credit Card Authorization for Dues is to be filled out for an American Express, Visa or MasterCard only. These are the only types of credit cards that we can accept for your monthly dues. Dues are \$35.00 for a member and if other family members wish to fly or become a pilot the cost for family rate is \$50.00.

Once the manager signs your application, you are a dues paying member and are obligated to pay monthly dues. The only way to stop your dues is to provide the Manager, Operations Assistant or Operations Clerk with a letter of resignation from you, in writing. Resignation forms are available at the Aero Club. If you are to be deployed, a copy of your orders will be required.

_____ New Member Initials

Do not sign below until you turn in your application. This must be signed in the presence of the Manager, Operations Assistant or Operations Clerk and you will be provided a copy for your records.

Print Full Name

Member Signature

Date

MEMBERSHIP APPLICATION ACADEMY FLIGHT TRAINING CENTER						DATE	
<p><i>AUTHORITY: 10 USC 8012, Secretary of the Air Force: powers and duties; delegation by.</i> <i>PRINCIPAL PURPOSE(S): To determine individual's eligibility for aero club membership and past flying experience.</i> <i>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.</i></p>							
NAME (Last, First, Middle Initial)			GRADE		SSN N/A		
MAILING ADDRESS (Number, Street, City, State, Zip Code)			HOME PHONE		DATE OF BIRTH		
DUTY ADDRESS		DUTY PHONE	CELL PHONE		DATE SEPARATED FROM ACTIVE DUTY		
TYPE OF MEMBERSHIP	BASIS OF ELIGIBILITY			EMAIL			
<input type="checkbox"/> REGULAR <input type="checkbox"/> INTRODUCTORY	<input type="checkbox"/> ACTIVE <input type="checkbox"/> DEPENDENT	<input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> DOD/NAF CIVILIAN	<input type="checkbox"/> RESERVE <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		
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 N/A	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 <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"/> AGI <input type="checkbox"/> NONE					CERTIFICATE(S) NO,		
RATINGS; <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 (Flight Review)	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 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 Academy Flight Training Center 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 <input type="checkbox"/> YES <input type="checkbox"/> 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
ACADEMY FLIGHT TRAINING CENTER

I. AGREEMENT

I, *(Print Name)* _____ am about to voluntarily participate in various activities, including flying activities, of the Academy Flight Training Center 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 Academy Flight Training Center 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 Academy Flight Training Center. (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 18 years of age.

DATE

PARENT'S SIGNATURE

Member # _____

Date: _____

Academy Flight Training Center
9222 Airfield Drive, USAFA CO 80840
(719) 333-4542

Recurring Charge Authorization

I, _____, authorize the Academy Flight Training Center 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 in the Club.

Please fill out the following and write legibly.

NAME: _____
ADDRESS
STREET: _____
CITY: _____
STATE: _____
ZIP CODE: _____
EMAIL: _____
PHONE NUMBER: _____

Please check the appropriate boxes

- Membership (\$60 initiation fee, \$35 / month)
- Ground School (\$650 w/ books & online class)
- Updating payment information
- Discovery flight (\$225 single, \$275 (2 or more))
- Books or supplies
Total: _____
- Special promotion
Total: _____
- Family Membership (\$50 / month)

Credit Card Number (AMERICAN EXPRESS, VISA, OR MASTERCARD. No other cards accepted.)

□□□□ - □□□□ - □□□□ - □□□□

Expiration Date (MM-YY)

CCV

□□-□□

□□□

Furthermore, I authorize the Academy Flight Training Center 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. Dues will be charged on the 22nd monthly.

I understand that it is my responsibility to notify the Academy Flight Training Center if any information changes regarding the credit card (number change, lost or stolen, or expiration date change).

Signature _____

Date _____

This form will remain safeguarded

PRIVACY ACT STATEMENT

Authority: 10 USC 8012 (Secretary of 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.

MEMORANDUM FOR CHIEF FLIGHT INSTRUCTOR

Date: _____

Member Name _____

Request for Instructor/Flight Training

1. Request enrollment and/or instructor assignment for the following courses (check all that apply):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Private Pilot Certificate | <input type="checkbox"/> Initial Checkout | <input type="checkbox"/> Instrument Proficiency Check |
| <input type="checkbox"/> Instrument Rating | <input checked="" type="checkbox"/> Cessna 172 | <input type="checkbox"/> Night Check |
| <input type="checkbox"/> Commercial Pilot Rating | <input type="checkbox"/> Cessna T-41 | <input type="checkbox"/> Mountain Check |
| <input type="checkbox"/> Rotatory to Airplane Fixed | <input type="checkbox"/> Avionics Refresher | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Flight Instructor Course | <input type="checkbox"/> Make/Model or Recurrency | <input type="checkbox"/> |
| <input type="checkbox"/> Flight Instructor-Instrument | <input type="checkbox"/> Annual Flight Review | |
| <input type="checkbox"/> Commercial Pilot Single Engine | <input type="checkbox"/> Instrument Proficiency Check | |
| <input type="checkbox"/> Other: Requires Chief Instructor | <input type="checkbox"/> Single Engine Add-On | <input type="checkbox"/> VA/GI Bill/Student Loan |

2. My anticipated availability is (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekday Evenings |
| <input type="checkbox"/> Saturdays | <input type="checkbox"/> Sundays | <input type="checkbox"/> Variable/Shift Worker |
| <input type="checkbox"/> Other: _____ | | |

3. I would like to start training on/about _____. Instructor request: _____

4. Contact me at the following numbers: Daytime: _____ Evenings: _____.

Member Signature

FLIGHT TRAINING CENTER USE ONLY	
TO: _____	Date: _____
The above student is assigned to you for training. Contact the student to schedule training and return the acknowledgment below.	
_____ Chief Flight Instructor	
TO: Chief Flight Instructor	Date: _____
I can / cannot accept this student for training.	
_____ Instructor	



PROOF OF CITIZENSHIP

1. Must be submitted prior to flight training.
2. Determine Applicability. The requirements for determining citizenship status for any student, whether U.S. or alien, applies only to flight training toward a private pilot certificate; instrument rating, CFI or CFII rating.
3. Proof of Citizenship. Evidence of U.S. citizenship must be shown by one of the following:
 - a. Valid, unexpired U.S. passport.
 - b. Original birth certificate of the United States, American Samoa, or Swains Island, and government-issued picture ID.
 - c. Original certification of birth abroad with raised seal (Form FS-545 or DS-1350) and government-issued picture ID.
 - d. Original certificate of U.S. citizenship with raised seal (Form N-560 or N-561), or a Certificate of Repatriation (Form N-581), and government-issued picture ID.
 - e. Original U.S. Naturalization Certificate with raised seal (Form N-550 or N-570) and a government issued picture ID.

Proof of Citizenship IS NOT required for any flight review, proficiency check, or tailwheel, complex and high performance endorsements or other check whose purpose is to review rules, maneuvers, or procedures or to demonstrate a pilot's existing skills.

For additional TSA information visit: http://www.aopa.org/tsa_rule/#questions

Academy Flight Training Center

Name: _____ Club Number: _____

Membership In / Out-Processing Checklist

IN - PROCESSING CHECKLIST

Administration Initial Date In ____ / ____ / ____

- _____ Review & Complete Membership Application
- _____ Copy of Proof of Eligibility
- _____ Copy of Proof of Citizenship Original Birth Certificate or Current Passport
- _____ Copy of Pilot Certificate
- _____ Copy of Medical Certificate
- _____ Copy Letter of Good Standing (LGS) YES NO
(If no LGS, hand write invoice for initiation fee)
- _____ Complete Covenant Not To Sue
- _____ Complete Instructor Request Form
- _____ Assign to Instructor Immediately _____
- _____ Add to Internet Scheduler
- _____ Complete Credit Card Authorization Form

Administration Final

- _____ Build Membership Folder
- _____ Add Member to TSA book and make sticker for Pilot Log
- _____ Add to Member List
- _____ File Credit Card Authorization Form
- _____ (Manager) Sign Membership Application
- _____ Inform Chief (Assistant) Flight Instructor

Flight Instruction

- _____ Contact Member (Instructor) _____

OUT – PROCESSING CHECKLIST

Administration Date Out ____ / ____ / ____

- _____ (IF APPLICABLE) Print Letter of Good Standing (LGS)
- _____ Remove In / Out Processing Checklist From Folder
- _____ Receive Resignation (LOR) Notification YES NO
- _____ Remove (ALL) AF 1585 Covenants Not To Sue (CNTS) From Folder
- _____ Staple Out Processing Checklist/LOR/Pilot Certificate (s) / Original Member Application / Passport or Birth Cert (plus photo ID) Together / Training Record
- _____ After Out-Processing - File under TSA for the year of termination and maintain for 5 years. Give remaining contents of Folder to Member (Plus Copies of anything that Member Wants)
- _____ Separating / Moving to New Club - Inactivate member from Orbital payment system
- _____ **Member** List – Mark In RED - Enter Date
Change and update Flight Circle Status
- _____ Flight Training Folder (if requested) make copy for member (**Always Keep Original**)