



USAF ACADEMY FLIGHT TRAINING CENTER / AERO CLUB
9222 Airfield Drive, USAFA, CO 80840
(719) 333-4542
10fss.fswa.aeroclub@us.af.mil

Thank you for your interest in the USAF 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 we can waive 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. If you are a rated or private pilot, please additionally provide a copy of your current medical and pilot certificate .

AF Form 1710 is the Membership Application.

AF Form 1585 is the Covenant Not to Sue. This form will be valid for 1 year before needing a renewal. If you are under the age of 18 please have your parent(s) complete the bottom portion of the form. Both you and they must sign this form as well.

Credit Card Authorization for Dues is to be filled out for an American Express, Visa or MasterCard. Dues are \$35.00 for a member or \$50 for a family membership (unlimited number of additional family members)

We look forward to you coming to fly with us! We are here to support you in any way we can during this journey. If you have any questions or concerns, any one of our team members would love to help. Please feel free to stop by the Flight Training Center during office hours or give us a call.

A handwritten signature in black ink, appearing to read "Dave Wellen".

Dave Wellen
Manager

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 <input type="checkbox"/> REGULAR	BASIS OF ELIGIBILITY <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> RESERVE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> DOD/NAF CIVILIAN <input type="checkbox"/> OTHER (Specify)			EMAIL	
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"/> CFI <input type="checkbox"/> AGI <input type="checkbox"/> NONE			CERTIFICATE(S) NO,		
RATINGS; <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 (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	

AF Form 1710, OCT 86 PREVIOUS EDITION IS OBSOLETE.

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
USAF 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 _____

Date: _____

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

Charge Authorization

I, _____, authorize the USAF Academy Flight Training Center to charge the credit card listed below for 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.

NAME: _____

<p style="text-align: center;"><u>Please check the appropriate boxes</u></p> <p><input type="checkbox"/> Membership (\$60 initiation fee, \$35/month)</p> <p><input type="checkbox"/> Ground School (\$650 - includes materials & online access)</p> <p><input type="checkbox"/> Updating payment information</p> <p><input type="checkbox"/> Discovery flight - \$225 (1), \$275 (2-3)</p> <p><input type="checkbox"/> Special Promotion _____</p> <p><input type="checkbox"/> Family Membership (\$50/month)</p>
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Credit Card Number (AMERICAN EXPRESS, VISA, OR MASTERCARD. No other cards accepted.)

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Expiration Date (MM-YY)

□ □ □ □

Furthermore, I authorize the USAF 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 USAF Academy Flight Training Center if any information changes regarding the credit card (number change, lost or stolen, or expiration date change).

I understand I may also provide the above information in person or over the phone to a staff member.

Signature

Date

This form will be shredded once the information is entered into orbital

Date: _____

MEMORANDUM FOR CHIEF FLIGHT INSTRUCTOR

Member Name _____

Request for Instructor/Flight Training

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

- Private Pilot Certificate
- Instrument Rating
- Commercial Pilot Rating
- Rotatory to Airplane Fixed
- Flight Instructor Course
- Flight Instructor-Instrument
- Commercial Pilot Single Engine
- Other: Requires Chief Instructor
- Initial Checkout
- Cessna 172
- Cessna T-41
- Avionics Refresher
- Make/Model or Recurrency
- Annual Flight Review
- Instrument Proficiency Check
- Single Engine Add-On
- Instrument Proficiency Check
- Night Check
- Mountain Check

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

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Saturdays
- Sundays
- Variable/Shift Worker
- 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	



USAFA Flight Training Center & Aero Club Information Sheet

9222 Airfield Drive
US Air Force Academy, CO 80840
Phone Number: 719-333-4542
Email: 10fss.fswa.aeroclub@us.af.mil
Office Hours: M-F, 0800-1600 / Aircraft available 7 days per week
Aero Club Manager: Dave Wellen
Chief Flight Instructor: Jeff York

Membership Requirements

- **Initiation Fee:** \$60; Waived for Prior Members
- **Monthly Dues:** \$35 Individual, \$50 Family
- **Ground School (Online/In-Person):**
 - In-Person Ground School Runs Every Quarter, Contact Staff for Registration
- **Flight Instruction Rates:** \$45/Hour
- **Headset Rental Rate:** \$10/Aircraft Hour (Hobbs)

Required Documents

- Membership Forms; Form 1710 & 1585
- Proof of Eligibility
- Photo Identification
- Pilots License (*if applicable*)
- Medical Certificate (*if applicable*)

Aero Club Aircraft and Simulator

Rates are wet rates

- | | |
|--|-------|
| • 1981 Cessna 172P N6601K (Rally 01); Primary & Instrument Trainer | \$135 |
| • 1985 Cessna 172P N98306 (Rally 06); Primary & Instrument Trainer | \$135 |
| • 1978 Cessna 172N N1401E (Rally 14); Primary & Instrument Trainer | \$135 |
| • 1976 Cessna 172M N1370U (Rally 70); Primary & Instrument Trainer | \$135 |
| • 1999 Cessna 172S N386SP (Rally 86); Primary & Instrument Trainer | \$165 |
| • 2001 Cessna 172S N51387 (Rally 13); Primary & Instrument Trainer (TAA) | \$165 |
| • 1977 Cessna 172XP N736HM (Rally 07); High Performance (210 hp), XC, Mountain | \$165 |
| • 1978 Cessna 182Q N94986 (Rally 08); High Performance (235 hp), XC, Mountain, VFR only | \$165 |
| • 1978 Cessna 182Q N66MJ (Rally 66); High Performance (235 hp), XC, Mountain | \$185 |
| • 1981 Cessna 182R N9788H (Rally 88); High Performance (235 hp), XC, Mountain | \$185 |
| • Redbird MCX Simulator; Advanced Aviation Training Device (AATD), FAA Certified | \$50 |
| • Redbird MCX Simulator; Non-Member PCSM (Dual Only) | \$65 |
| | |
| • Discovery Flight (1 Passenger) | \$225 |
| • Discovery Flight (2-3 Passengers) | \$275 |

FAA Aviation Medical Examiners

Jerome Limoge, MD
7563 Camber View (inside Cutter Aviation)
Phone: 719-659-0988

David Rogers, MD, MPH
2925 Professional Pl, Suite 103
Phone: 719-260-1161

Current as of 1 January 2026