

Eglin Aero Club – Membership Preparation Checklist

Name: _____ Member Number: _____

1. The following items must be completed prior for all new members

- _____ AF Form 1710 Membership Application
- _____ AF Form 1585 Covenant Not to Sure
- _____ Copy of valid Military ID/DOD ID
- _____ Copy of FAA Pilot Certificate/Student Pilot Certificate (if applicable)
- _____ Copy of Medical Certificate
- _____ Initiation Fee \$30.00
- _____ Credit Card Recurring Authorization Form (\$25 withdrawn 25th of every month)
- _____ Create ADP Profile (Member # is username, “password” is initial password)
- _____ Create EACpilots account
- _____ Create Member Folder

(Confirmation email will be sent out, use member # to create their login)

2. The following items are mandatory for PVT/INST/COMM Training

- _____ Original Birth Certificate, US Passport, or Naturalization as proof of US citizenship
- _____ Logbook endorsement as proof of US citizenship from instructor (sticker)
- _____ Memorandum for Chief Flight Instructor for CFI Assignment

3. The following must be completed prior to your first flight

- _____ Complete & Graded Standardization, Instrument (if applicable), Make & Model exams
- _____ Read PIFS (Pilot Information Files)
- _____ Attend Safety Meeting (must attend 1 out of 3) or watch Safety Meeting Video
- _____ Read SOP (Standard Operating Procedures)
- _____ Signed Memo from Chief Flight Instructor for CFI Assignment

Name of Instructor: _____

- _____ Setup Orientation/Ground with CFI for grading and going over tests and procedures

Signature of Member

Admin Initials

Eglin Aero Club – CFI Checklist (STAFF ONLY)

- _____ Confirm all items on the Membership Checklist are complete
- _____ Confirm the Records Review has been completed in ADP
- _____ Check for completed AF Form 1584

New Student Brief Checklist

- _____ Overview of SOP
- _____ Oil Supply / Window Cleaning : Storage & Use
- _____ VFR Departure and Arrival Procedures
- _____ Flight Plans: Filing/Opening/Closing/Local & X-C
- _____ Aircraft Status Board
- _____ Aircraft Dispatch Books : Location/Content (including AF Form 781A)
- _____ Aircraft Keys and Combination Locks
- _____ Weather Minimums
- _____ Touch and Go Landing Procedures & Restriction
- _____ Minimum Fuel Requirements
- _____ Dispatch Procedures
- _____ Currency Requirements and ADP Brief
- _____ Location of A/C and AD Logs
- _____ Clearing Officials List
- _____ Non-Towered Airfield Operations
- _____ Refueling Procedures and Use of Fire Extinguishers

Signature of Member

CFI Initials

MEMBERSHIP APPLICATION _____ 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
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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.	DATE SEPARATED FROM ACTIVE DUTY
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TYPE OF MEMBERSHIP	BASIS OF ELIGIBILITY		
<input 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 <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	CERTIFICATE(S) NO.		
RATING: <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	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 _____ 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 EGLIN AERO CLUB, EGLIN AFB, FL
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I. AGREEMENT

I, *(Print Name)* _____ am about to voluntarily participate in various activities, including flying activities, of the _____ EGLIN _____ 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 for 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 _____ EGLIN _____ 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 or otherwise.

DATE	SIGNATURE
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SIGNATURE OF AERO CLUB OFFICIAL

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-named minor do hereby (1) consent to him/her participating in the activities of the _____ 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
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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, MasterCard, or American Express card. You will be charged the amount indicate below each billing period. A charge will appear on your bank/card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Eglin Aero Club** to charge my credit card on : The 25th of each month for payment of my MONTHLY MEMBERSHIP DUES in the amount of \$25 and an additional \$50 for AIRCRAFT TIE-DOWN FEE (if applicable). I also authorize that CORRECTIONS (debits or credits) may be made by Aero Club Staff as applicable.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. 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. 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 payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.