

<b>MEMBERSHIP APPLICATION _____ AFB AERO CLUB</b>	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	<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	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 \_\_\_\_\_ 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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## 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.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Eglin Aero Club** to charge my credit card on : The 25<sup>th</sup> 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.