MEMBERSHIP APPLICATION _____ 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	SSN
MAILING ADDRESS *(Number, Street, City, State, Zip Code)*		HOME PHONE	DATE OF BIRTH
DUTY ADDRESS	DUTY PHONE	IDENTIFICATION CARD NO.	DATE SEPARATED FROM ACTIVE DUTY

TYPE OF MEMBERSHIP	BASIS OF ELIGIBILITY		
☐ REGULAR	☐ ACTIVE RETIRED	☐ RETIRED MILITARY	☐ RESERVE
☐ INTRODUCTORY	☐ DEPENDENT DOD/NAF	☐ CIVILIAN	☐ 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	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 Third _____ 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 forseeable 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)*

FOR OFFICE USE ONLY

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