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- _____Credit Card Recurring Authorization Form (\$25 withdrawn 25th of every month)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

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

MEMBERSHIP	ADDI ICATION
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AFB AERO CLUB

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	COVENANT NOT	TO SUE AND INDEMNITY	AGREEMENT		
	n is to be completed for all minors, plete one form for each person.	regardless of age and regardless of	of whether the parent has executed Section I		
DATE	PLACE EGLIN AERO CLUB, EGL	IN AFB, FL			
l.		AGREEMENT			
I, (Print Name)			am about to voluntarily participate in		
various activities, includin	g flying activities, of the	EGLIN	Aero Club as a pilot, student pilot,		
myself, my heirs, adminis any way aid in the institut	ion or prosecution of, any dema ncluding death) to my person o	, hereby covenant and agree th and, claim, or suit against the U	icipate in these activities, I, for nat I will never institute, prosecute, or in IS Government for any destruction, m any cause whatsoever as a result of		
suit, I agree, for myself, n			any way in such a demand, claim or he US Government for all damages,		
destruction that may resul	agree that I am freely assuming It while participating in Aero Clu used by the negligence of the L	b activities, including such injur	death, or property damage, loss or ies, death, damage, loss or		
5	nisconduct, dishonesty, or frau	, ,	Government which is caused by my oss to the US Government which is		
The term US Government	as used herein includes the	EGLIN	Aero Club and any officer,		
agent, or employee of the instructor, acting officially		ub, or any Aero Club member, p	participant, user, or flight or ground		
DATE	SIGNATURE				
SIGNATURE OF AERO CLUB	OFFICIAL				
· ·	state age. If the minor is capabl s by Harry Jones, his father" and		If he/she is not capable, have parent sign for the		
П.	AGR	EEMENT FOR MINOR PARTICIP	ANT		
FOR MINOR (Signature)					
I/We,			, parent <i>(s)</i> of the above-named minor		
do hereby (1) consent to h	nim/her participating in the activ	ities of the	Aero Club	э.	
(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 dama	ages or loss incurred by it for w	hich this minor would be liable	were he/she over 21 years of age.		
DATE	PARENT'S SIGNATURE				
AF IMT 1585, 1994100 ⁻	1, V2	PREVIOUS EDITION IS OBSOLETE.			



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:

Iauthorize Eglin Aero Club to charge my credit card on : The 25 th of each month for payment of my <u>MONTHLY MEMBERSHIP DUES</u> in the amount of \$25 and an additional \$50 for <u>AIRCRAFT TIE-DOWN FEE</u> (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.