NORTHEAST FLORIDA AERO CLUB, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION		Date:	
First Name:	Middle:	Last Name:	
Current address:			
City:	State:	ZIP Code:	
Home phone:	Work phone:	Cell phone:	
Personal E-mail:			
Former address:			
City:	State:	ZIP Code:	
Emergency Contact Information (Name, Phone No., Relation, Address)			

FINANCIAL INFORMATION				
Checking Held with:	Savings Held with:	Mortgage Held with:		
Home (check one):	Own Rent Live with Parents			

EMPLOYMENT INFORMATION			
Employer:	Position:	How Long:	
Employer address:			
City:	State:	ZIP Code:	
Previous Employer:	Position:	How Long:	
Previous Employer:	Position:	How Long:	

REFERENCES				
Please list three personal references, ot your character.	her than relatives, who have known yo	ou for five years and will vouch for		
Name:	Telephone:	Address:		
Occupation:				
Name:	Telephone:	Address:		
Occupation:				
Name:	Telephone:	Address:		
Occupation:				

PLEASE ANSWER THE FOLLOWING				
	Yes	No		
Have you <u>ever</u> been involved in an aircraft accident, incident or unreported claim? If "YES" please elaborate on a separate sheet of paper and attach to application.				
Have you <u>ever</u> had your pilot's or driver's license surrendered, suspended or revoked; or, been arrested for or charged with operating an aircraft or motor vehicle under the influence of alcohol? If "YES" please elaborate on a separate sheet of paper and attach to application.				
Have you received a ticket for a moving violation within the <u>last two</u> years? If "YES" please elaborate on a separate sheet of paper and attach to application.				
Do you have a criminal record? If "YES" please elaborate on a separate sheet of paper and attach to application.				

STUDENT OR PILOT LICENSE (ATTACH PHOTO COPY)		Verified: 🛛
FAA Pilot Certificate Number:		Date of Issue:
Class (Check one):	□ None □ Student □ PVT	СОММ АТР
Ratings (check all that apply):	□ ASEL □ AMEL □ INST □ CFI-ASE □ CFI-AME □ CF	

FAA MEDICAL (ATTACH PHOTO COPY)				Verified: 🛛	
Medical #:	Date of Issu	le:		Expiration Date:	
Class (Check one):	□ None	🛛 Class I	🛛 Class I	I 🛛 Class III	BasicMed

LAST FLIGHT REVIEW OR RATING (ATTACH LOGBOOK PHOTO COPY)			Verified:
Date:	D BFR	Rating	BFR Expiration:

FLIGHT TIME (ATTACH LOGBOOK PHOTO COPY – LAST 2 PAGES)		Verified: 🛛
Total:	Dual:	PIC/Solo:

DRIVER'S LICENSE (BRING ORIGINAL IN PERSON)		Verified:
	State:	

PROOF OF CITIZENSHIP (BRING ORIGINAL IN PERSON)				Verified: \Box
Country of Citizenship:	Type of Document:	□ Passport	Birth Certificate	
Document #:	Date of Issue:		Birth Date:	

VERIFIED BY:	DATE:
(Verification to be completed by NEFLAC)	

Note: Please bring ORIGINALS of Driver License and Proof of Citizenship to Board Member or Flight Instructor for verification. ORIGINALS must be inspected but copies will not be maintained by the club.

SIGNATURES

hereby state that all of the information provided to Northeast Florida Aero Club, I, Inc. is true to the best of my knowledge. I authorize the Northeast Florida Aero Club, Inc. or its representatives to contact any references in order to verify the information given. I have read the Northeast Florida Aero Club Constitution, Operating Laws and Rules and agree to abide by them should my application be accepted. I further acknowledge my financial obligation to pay all charges incurred by me within the time period allowed. I understand that I will be liable for any finance charges applied if my account is overdue.

I further understand that, if accepted, my membership is probationary for a period of ninety (90) days and that my membership may be revoked and the initiation fee refunded, less any charges unpaid, at the discretion of the Board of Directors of the Northeast Florida Aero Club.

I also hereby release, indemnify, and hold harmless Northeast Florida Aero Club, Inc. and their agents, employees, officers, directors, members, and assigns for any injury, damage, loss, cost or liability arising from my participation in the Northeast Florida Aero Club, Inc., whether or not arising out of the negligence, actual or imputed, of Northeast Florida Aero Club, Inc. or their agents, employees, officers, directors, members or assigns.

Applicant's signature:	Date:
Spouse's signature (if married):	Date:
Board Member: (Attest that board has voted to approve applicant as a member)	Date:

MONTHLY DUES SELECTION

Please choose membership access level:

Access to Cherokee 180, Cessna 172 and Cessna 182: Dues: \$125.00/month (six-month min. commitment).

MEMBERSHIP PREREOUISITES

- Completion of an application.
 Forward application to a Board Member or address listed.
- 3. An affirmative vote by the Board.
- 4. Payment of one month's dues in advance; \$125.00.
- 5. Payment of the \$750.00 initiation fee & \$750.00 refundable bond. [Total: \$1625.00 with application]
- 6. Obtain membership in the St. Augustine Airport Pilots Association (SAAPA) (FY21 Dues: \$50.00)

Attach check return to:	TREASURER USE (amount paid):
Northeast Florida Aero Club	Bond
c/o Jerry Melton 10710 County Road 13 North St. Augustine, FL 32092	 Initiation fee 1st Month Dues
	Check #

VOLUNTEERING

Northeast Florida Aero Club is a volunteer run organization. Although there are no minimum volunteer hours or requirements to do so, volunteering for general duties or those specific to an area of expertise is greatly appreciated. Below or on an additional page, please describe any experience, training or expertise that you are willing to contribute to the Club. Thank you.

Applicant:

- 1) Complete all applicant information.
- 2) Sign and date.
- 3) Include copies of items listed.
- 4) Forward application, copies and payment to address listed.

Treasurer:

- 1) Inspect application.
- 2) Inspect copies.
- 3) Bring to board for approval or request email vote.
- 4) Call references and make recommendation to Board.
- 5) After approval, create member setup for billing and scheduling.6) Provide copy (physical or electronic to board or CFI for in-person verification)

Board:

- 1) Review application.
- 2) Vote on approval.

Board Member or CFI:

- 1) Inspect photo ID. Verify against provided information.
- 2) Inspect Proof of Citizenship. Verify against provided information.
- 3) Inspect logbook and Pilot's license where applicable. Verify against provided information.
- 4) Sign and date verified information.
- 5) Complete aircraft checkout.

REVISION CONTROL

Revision	Date	Modified By	Comments/Change
1	07/12/2019	T. Fasheh	Initial draft prepared for board review.
2	12/7/2019	T. Fasheh	Updated membership pre-requisites.
3	12/10/19	T. Fasheh	Updated application mailing address. Corrected "Northeast".
4	12/12/19	J. Melton	Corrected application date. Added BasicMed option.
5	8/20/20	R. Avilés	Listed SAAPA membership requirement.
6	1/3/2021	R. Avilés	Corrected spouse signature block.
7	5/24/2021	T. Fasheh	Added dues choice. Updated SAAPA dues. Remove 2nd employer.
8	4/30/2022	R. Avilés	Updated Monthly Dues selection and Membership Prerequisites sections.













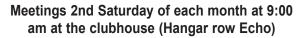
Come and Join

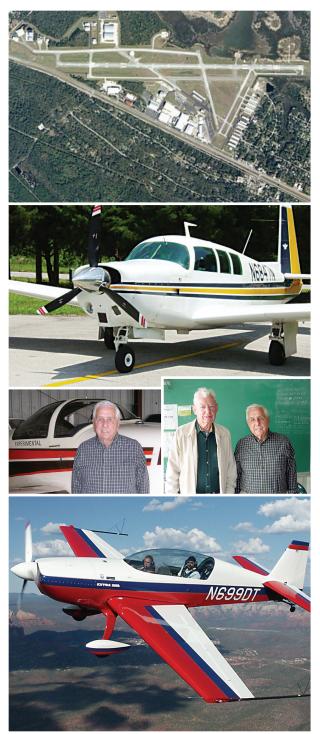
St. Augustine Airport Pilots Association (SAAPA) is committed to promoting the fun and freedom of General Aviation.

We sponsor social events, aviation speakers, workshops, flyin's, flyout's, cookout's and Quarterly dinners.

Being a pilot or owning an airplane is not a requirement for membership. However, a love for general aviation is a must!

www.saapaclub.com





JOIN SAAPA



Membership Application

Applicants must have a sponsor.

Name		
Spouse's Name		
Address		
City		
State	Zip	
Phone (Home)	Phone (Cell)	
Email		
Pilot Rating (if any)		
Aircraft (if any)		
Sponsor		

Annual Dues: \$50.00 per year As a member, you will also receive our newsletter.

Student & Assoc. Member (non-resident): \$20.00 per year

Make checks payable to: SAAPA

Mail to:

St. Augustine Airport Pilots Association P.O. Box 1867 St. Augustine, FL 32085