

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):	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> 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, other than relatives, who have known you for five years and will vouch for your character.		
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: <input type="checkbox"/>
FAA Pilot Certificate Number:	Date of Issue:	
Class (Check one):	<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> PVT <input type="checkbox"/> COMM <input type="checkbox"/> ATP	
Ratings (check all that apply):	<input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> INST <input type="checkbox"/> Other: _____ <input type="checkbox"/> CFI-ASE <input type="checkbox"/> CFI-AME <input type="checkbox"/> CFI-INST <input type="checkbox"/> EXP: _____	

FAA MEDICAL (ATTACH PHOTO COPY)		Verified: <input type="checkbox"/>
Medical #:	Date of Issue:	Expiration Date:
Class (Check one):	<input type="checkbox"/> None <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III BasicMed	

LAST FLIGHT REVIEW OR RATING (ATTACH LOGBOOK PHOTO COPY)		Verified: <input type="checkbox"/>
Date:	<input type="checkbox"/> BFR <input type="checkbox"/> Rating	BFR Expiration:

FLIGHT TIME (ATTACH LOGBOOK PHOTO COPY – LAST 2 PAGES)		Verified: <input type="checkbox"/>
Total:	Dual:	PIC/Solo:

DRIVER'S LICENSE (BRING ORIGINAL IN PERSON)		Verified: <input type="checkbox"/>
	State:	Expiration Date:

PROOF OF CITIZENSHIP (BRING ORIGINAL IN PERSON)		Verified: <input type="checkbox"/>
Country of Citizenship:	Type of Document: <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate	
Document #:	Date of Issue:	Birth Date:

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

I, _____ hereby state that all of the information provided to Northeast Florida Aero Club, 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 PREREQUISITES

1. Completion of an application.
2. 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:
Northeast Florida Aero Club
c/o Jerry Melton
10710 County Road 13 North
St. Augustine, FL 32092**

TREASURER USE (amount paid):

Bond _____

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.

FORM INSTRUCTIONS

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.



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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

Meetings 2nd Saturday of each month at 9:00 am at the clubhouse (Hangar row Echo)



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