

LEMAY AERO CLUB

FLIGHT TRAINING CENTER

PO BOX 13234 OFFUTT AFB, NE 68113

PH: 402-294-3385 DSN: 271-3385

Provided To Office Staff for Membership:

1. Fill in Membership Application and sign WITH last 6 SS# only
2. Fill in the form for dues to be charged monthly to credit card you choose on file
3. Complete and sign the AF Form 1585 "Covenant Not to Sue"
4. Fill in the Chief Flight Instructor information form
5. Pay \$45 Initiation Fee & 1st 3 months dues
 - provide a letter of good standing from previous Aero Club (If applicable)
6. Copy of D.O.D. ID Card authorizing membership
7. Copy of Pilot License if have already obtained one
8. Copy of Medical Cert issued by an AME *(must be completed prior to solo flight)
(See list of AMEs local)
 - Only exception to providing a civilian medical certificate is AF IMT 1042, specifying "PILOT"
9. Read & understand the SOP's located at: offutt55fss.com/aero-club

Complete with Instructor once assigned:

10. Fill out application for student Pilot Cert in IACRA with CFI (if applicable)
11. Before your first flight, you must provide proof of citizenship to instructor & to business office.(If you are working on a Private Pilot Certificate, Instrument Rating, or / Multiengine Rating)
One of the following:
 - A U.S. Birth Certificate with a raised seal of the issuing agency.
 - A U.S. Passport that is current and unexpired. (Cannot be a copy)
 - A U.S. Certificate of Naturalization. (Cannot be a copy)

FAA Certified
Aviation Medical Examiner's (AME)
Local to the Omaha Area

Dr Andrea Lawlor	12728 Augusta Class I,II,III or w/ EKG (call for price)	402-330-1410
Dr James Steier	8901 W. Dodge Rd Class I,II,III or w/ EKG (call for price)	402-354-8990
Dr James Tracy	2808 S.80 th Ave #210 Class II,III (call for price)	402-391-1800 Call for Appt speak to Jennifer
Dr Paul Sherrerd	6751 N 72 nd St # 207 Class II,III (call for price)	402-572-3765

**THIS LIST IS PROVIDED AS A LOCAL COURTESY AND YOU ARE NOT REQUIRED
TO USE ONE OF THE ABOVE-MENTIONED AME PHYSICIANS AS THERE MAY BE
OTHER LOCAL AME'S THAT ARE NOT LISTED**

TO SEARCH FOR AN AVIATION MEDICAL EXAMINER (AME) PLEASE VISIT THE FAA SITE AT:

<https://www.faa.gov/pilots/amelocator>

MEMBERSHIP APPLICATION	OFFUTT, AFB	AFB AERO CLUB	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 Administration, National Transportation Safety Board, Transportation Security Administration 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. .
DISCLOSURE IS VOLUNTARY: Failure to provide any or all of the information may result in the individual being denied aero club membership and or participation in aero club flying activities.

NAME (Last, First, Middle Initial)	LAST 6 SSN	GRADE	EMAIL
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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"/>	<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	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 sub-sequent 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 Y <input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBERSHIP CARD NO.	MANAGER'S SIGNATURE	DATE
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AERO CLUB PILOT NAME OR NUMBER _____

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

NOTE: Section II of this form is to be completed for all minors, regardless of age and regardless of whether the parent has executed Section I on behalf of the minor. Complete one form for each person.

DATE _____ PLACE _____

I. AGREEMENT

I, *(Print Name)* _____ am about to voluntarily participate in various activities,

including flying activities, of the _____ Aero Club as a pilot, student pilot, copilot, instructor, or passenger. In consideration of the Aero Club permitting me to participate in these activities, I, for myself, my heirs, administrators, executors, and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim, or suit against the US Government for any destruction, loss, damage, or injury *(including death)* to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Aero Club.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree for myself, my heirs, administrators, executors, and assigns to indemnify the US Government of all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death, or property damage, loss or destruction that may result while participating in Aero Club activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the US Government.

I also understand and agree that I may be held liable for any damages or loss to the US Government which is caused by my gross negligence, willful misconduct, dishonesty, or fraud, and for limited damages or loss to the US Government which is caused by my simple negligence.

The term US Government as used herein includes the _____ Aero Club and any officer, agent, or employee of the US Government or the Aero Club, or any Aero Club member, participant, user, or flight or ground instructor, acting officially other otherwise.

DATE _____ SIGNATURE _____

SIGNATURE OF CLUB OFFICIAL _____

If a minor, so indicate and state age. If the minor is capable of signing, have him/her sign. If the minor is not capable, have parent sign for the minor: that is, "John Jones parent of Harry Jones, his father" and sign below.

II. AGREEMENT FOR MINOR PARTICIPANT

FOR MINOR (Signature) _____

I/We, _____, parent(s) of the above-named minor do hereby (1) consent to him/her participating in the activities of the _____ Aero Club. (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 damages or loss incurred by it for which this minor would be liable were he/she over 17 years of age.

DATE _____ PARENT'S SIGNATURE _____



LEMAY AERO CLUB AND FLIGHT TRAINING CENTER

- I understand that dues will be automatically charged each month regardless of my participation in the Aero Club. I agree to pay all dues charged until I resign in writing.
- I will pay monthly dues of \$_____. Dues may be charged without notice.
- I understand that I will become a dues paying member of the Aero Club immediately upon submitting the application to the Aero Club.
- I will provide the Aero Club with copies of my FAA Medical and Pilot certificates when a new one is obtained.
- Attendance at monthly safety Meeting is mandatory. Regular safety meetings are currently conducted on Zoom until further notice. Link to meeting can be accessed on the dashboard of your Flight Schedule Pro login account. Backup safety meeting link can be accessed under the link for archive/recordings on the FSP dashboard. Both count for attendance however, if slides are requested for viewing in lieu of video or live attendance; this will be considered briefed. If I miss a safety meeting I can view the recorded copy but, I must attend a minimum of one in three meetings live. (If I do not attend 1 in 3 meetings, I will be grounded from flight until I attend a meeting or obtain a waiver from Manager.
- Signing this form authorizes release of your phone number in the Aero Club computer.
- I will pay all charges at time of the charge unless prior arrangements with manager have been made.
- I will notify the manager if my membership eligibility status changes.
- I understand that fuel reimbursement during a cross country trip is not for the full amount.
- I agree that I must know and understand all rules, regulations and instructions regarding Aero Club, its Aircraft, and other applicable publications/directives. Failure to comply may result in disciplinary action against me.
- I understand that if I am involved in any incident or mishap in an Aero Club plane, I will be grounded until the investigations are complete. This may include a pecuniary liability investigation.
- I hereby authorize a deduction from my pay for a dishonored check, plus applicable penalties or other charges left unpaid by me or a member of my family.

PHONE: _____ EMAIL: _____

SIGNATURE OF MEMBER/APPLICANT: _____

DATE: _____



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 indicated 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:

I _____ authorize **LeMay Aero Club** to charge my credit card on the 15th of each month for payment of my MONTHLY MEMBERSHIP DUES in the amount of \$ _____.
-AIRCRAFT TIE-DOWN FEE of \$ _____ on the _____ of the month. **(If applicable)**.

I authorize that CORRECTIONS (debits or credits) may be made by Aero Club Staff as applicable.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> V	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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.

The information herein is FOR OFFICIAL USE ONLY (FOUO) Information which must be protected under the Freedom of Information Act (5 U.S.C 522) and /or the Privacy Act of 1974 (5 U.S.C 552a) Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action and/or civil penalties.

Chief Flight Instructor Information Form

This form will be used to notify the Chief Flight Instructor of your need to have an instructor assigned to you. Please fill it out completely since it will be detached from the rest of your membership packet.

NAME: _____ **DATE:** _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

EMAIL ADDRESS: _____

Describe any prior flight experience or licenses you have:

Circle the training you desire:

PRIVATE INSTRUMENT COMMERCIAL MULTI-ENGINE ATP CFI CFII
COMPLEX HIGH PERFORMANCE AIRCRAFT CHECKOUT (SPECIFY) _____

Availability for training:

Enter the times of day that you would normally be available for training. If your schedule varies try to describe it. This will help us match an instructor to your schedule.

SUN _____ MON _____ TUE _____ WED _____

THUR _____ FRI _____ SAT _____

What would you like your instructor to know about your schedule? _____

How soon would you prefer to start flying? ASAP NEXT WEEK/MONTH

AFTER GROUND SCHOOL IS COMPLETED or Specify Date: _____

Do you have a specific instructor request? If YES, Whom? _____

OFFICE USE ONLY:

Disposition/Status: _____

Assigned to: _____ Date Assigned: _____

**LEMAY AERO CLUB &
FLIGHT TRAINING CENTER**
P.O.Box 13234 Offutt AFB, NE 68113
(402) 294-3385
<http://offutt55fss.com/aero-club>

EFFECTIVE 1 OCTOBER 2023

AIRCRAFT RATES PER HOUR:

TAIL #	AIRCRAFT	WET RATE
N5204F	C-172F	\$155
N4969R	C-172H	\$155
N8997V	C-172M	\$165
N83416	PA-28-161	\$165
N33096	PA-28R-200	\$185
N9788H	C-182R	\$200

INSTRUCTION PER HOUR:

Primary	Private Pilot Course Instruction (PPL)	\$40
Advanced	All single engine land except ATP, PPL	\$43
ATP	All ATP Instruction	\$43
Ground Instruction	All Certs/Courses	\$33

(Pre and Post flight rates are the same as flight instruction)

MISCELLANEOUS FEES:

Initiation Fee (One Time)	\$45
Aero Club Membership Dues:	MONTHLY
Enlisted	\$35
Officer	\$38
Retiree DoD	\$38
Civilian/Contractor DoD/CAP/DoD Dependent	\$38
Military Veteran (base access required)	\$38
Family (add on \$5 to the sponsor fee)	\$5
Long Distance (Resides over 50 miles away)	\$15

***INTRODUCTORY/DISCOVERY FLIGHTS AVAILABLE IN 30 MIN & 45 MIN SESSIONS
PLEASE CALL FOR CURRENT RATES OR TO SCHEDULE***

****GROUP GROUND CLASS ONLY OFFERED ON A PRE-ARRANGED BASIS****

Ground School Group Class per Person:

Private Pilot (PPL)	\$325
Instrument (IFR)	\$325

Ground School Part 141 Kits (Books & Materials):

Private Pilot	\$300.00
Instrument/Commercial	\$315.00
CFI/CFII	Will Order

Does not include FAA written exam cost or FAA examiner Fee

HANGER RENTAL PER MONTH: SINGLE \$175.00 MULTI ENGINE \$205.00 NIGHTLY/TRANSIENT \$15

Avgas (Subject to change without notice) Call to confirm price per Gallon
Oil for private A/C purchase (Subject to change without notice) Call to confirm price per Qt.

****ALL GROUP CLASSES HAVE TEMPORARILY BEEN SUSPENDED UNTIL FURTHER NOTICE****

DUE TO AIRFORCE BASE COVID RESTRICTION POLICY

(ALL PRICES ARE TAX EXEMPT FOR THIS FEDERAL FACILITY AND WILL NOT BE CHARGED TO COSTS)