

# OFFUTT AERO CLUB

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 & 1<sup>st</sup> 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 DD Form 2992, specifying "PILOT" in duty block
9. Read & understand the SOP's located at: [offutt55fss.com/lemay-aero-club](http://offutt55fss.com/lemay-aero-club)  
Under regulations and resources

## **Complete with Instructor once assigned:**

10. Fill out 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. (With Photo ID)

A U.S. Passport that is current and unexpired. (Can accept a US Passport that is expired Under 1 yr along with photo ID(Cannot be a copy)

A U.S. Certificate of Naturalization. (With photo ID) (Cannot be a copy)

# FAA Certified Aviation Medical Examiners (AME) Local to Omaha Area

(Updated 15 Jan 2024)

This list is provided as a courtesy and you are not required to use one of the below listed AME's. This list is subject to change; you can search for local AME's on the FAA website at

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

You can expedite the process of getting your FAA medical certificate by completing FAA Form 8500-8 Sections 1-20 in advance of your medical exam via FAA MedXPress at

[https://www.faa.gov/pilots/medical\\_certification](https://www.faa.gov/pilots/medical_certification).

Dr. Khalil Burhan	3308 Samson Way, Ste. 101 Bellevue, NE 68022 Class II or III \$125	402-717-0450
Dr. Robert Devin (two locations)	529 Pinnacle Dr. Papillion, NE 68046 14404 Stony Brook Blvd Omaha, NE 68137 Class II or III (call for price)	402-268-1212  402-979-9635
Dr. Andrea Lawlor	12728 Augusta Ave. Omaha, NE 68144 Class I, II or III Student \$142 Non-student \$172 Add \$65.00 if EKG needed	402-330-1410
Dr. Lloyd Pierre	10506 Burt Cir. Omaha, NE 68114 Class I, II, or III Class I \$130 (add \$41 if EKG needed) Class II or III \$115	402-991-3393
Dr. Paul Sherrerd	6751 N 72 <sup>nd</sup> St., Ste. 207 Omaha, NE 68122 Class II or III \$160	402-572-3165 (prefers Monday AM's)
Dr. James Steier	8901 W Dodge Rd, Ste. 100 Omaha, NE 68114 Class I, II, or III \$208 (no EKG) \$292 (with EKG)	402-354-8990
Dr. Dean Thomson	1301 Grundman Blvd Nebraska City, NE 68410 Class I, II, or III \$125 (no EKG) \$150 (with EKG)	402-873-9606 (ask for Debby) (prefers Thursday AM's)

**CUI (when filled in)**

<b>MEMBERSHIP APPLICATION</b>	AFB AERO CLUB	DATE
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**AUTHORITY:** 10 USC 8013: Secretary of the Air Force.  
**PRINCIPAL PURPOSES:** 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 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.  
**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	GRADE	ID #
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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	DATE SEPARATED FROM ACTIVE DUTY
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TYPE OF MEMBERSHIP	BASIS OF ELIGIBILITY		
<input type="checkbox"/> REGULAR	<input type="checkbox"/> ACTIVE RETIRED	<input type="checkbox"/> RETIRED MILITARY	<input type="checkbox"/> RESERVE
	<input type="checkbox"/> DEPENDENT DOD/NAF	<input type="checkbox"/> CIVILIAN EMPLOYEE	<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

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	DOD ID	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			CERTIFICATE(S) NO.
ATP _____ COMMERCIAL _____ PRIVATE _____ STUDENT _____ CFI _____ CF II _____ GSM _____ NONE _____			<input style="width: 100%; height: 40px;" type="text"/>
RATING: _____ SEL _____ MEL _____	TOTAL HOURS FLYING TIME	TOTAL HOURS FLOWN LAST 12 MONTHS	
INST _____ OTHER (Specify)			
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?	<input type="checkbox"/>	<input type="checkbox"/>
B. Denied membership in or terminated from a U.S. Armed Forces Aero Club?	<input type="checkbox"/>	<input type="checkbox"/>
C. Refused an aeronautical certificate or had an aeronautical certificate suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
D. Reported for violation of any FAA regulation or other flying regulations?	<input type="checkbox"/>	<input type="checkbox"/>
E. Involved in an aircraft incident/accident?	<input type="checkbox"/>	<input type="checkbox"/>
F. Convicted of use of hallucinogens, dangerous drugs or marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
G. Convicted of serious alcohol-related charges such as operating motor vehicle under influence of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

*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 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)
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FOR OFFICE USE ONLY			
LETTER OF GOOD STANDING	MEMBERSHIP CARD NO.	MANAGER'S SIGNATURE	DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO			



## OFFUTT AERO CLUB

- 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.
- My attendance at monthly live Zoom safety Meetings is required. If I miss a safety meeting I will view the recording, and it will still count as Attended. If I review slides or minutes I will be counted as Briefed. I will notify the business office of which month(s) recording I viewed in order to be considered as Attended for that month. If I am not counted as Attended for 1 out of every 3 meetings, I will be grounded from flight until I either attend a Zoom safety meeting or obtain a waiver from the 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: \_\_\_\_\_

# 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



## 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:**

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:      V                      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.

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:**

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**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: \_\_\_\_\_



# Offutt Aero Club

PO BOX 13234 • Offutt AFB • NEBRASKA • 68113  
 BUILDING 306 • HANGER #1  
 402-294-3385

**Aero Club Manager: Kristina Kemp**

**Chief Flight Instructor: Golda Eldridge**

## Business Office Hours

Monday, Tuesday, Thursday 1100 – 1500      Wednesday – closed, Friday by appointment  
 Appointments available around posted office hours.  
**Flight Operations & Aircraft available 24/7**

## Aero Club Information Sheet

### Membership Requirements

•Initiation Fee (one time)	\$45
•Monthly Dues	
Enlisted	\$38
Officer	\$38
DoD Civilian DoD Contractor,	\$42
DoD Dependent, CAP, Mil Vet	\$38
Family (add \$10 to sponsor fee)	\$10
Long Distance (Address over 50 miles)	\$20

Initiation fee waived if prior Aero Club member

### Required Documents

#### •Membership Forms

- ▶ DAF 1710 – Member Application
- ▶ AF 1585 – Covenant not to Sue
- ▶ Proof of eligibility/Gov Photo ID
- ▶ Original Birth Cert or Passport  
(for TSA authorization)
- ▶ Pilot or student pilot License *(if applicable)*
- ▶ AME Medical Certificate *(if applicable)*
- ▶ Credit Card Charge Consent Form

**\*\*Membership cancellation requires 30 day written notice\*\***

## Aero Club Aircraft

<u>AIRCRAFT</u>	<u>TAIL#</u>	<u>TRAINING / USE</u>	<u>WET RATE</u>
Cessna – 172 H	N4969R	Private Pilot /Recreational	<b>\$160</b>
Cessna – 172 M	N8997V	Private Pilot, Instrument / Rec etc.	<b>\$176</b>
Piper - PA-28-161	N83416	Private Pilot, Instrument, Advanced / Rec etc.	<b>\$170</b>
Piper - PA-28R-200	N33096	Instrument, Complex, Commercial, Advanced / Rec	<b>\$190</b>

**\*\*Rates are wet, and fuel is included in rental rate. Rates are PER HOUR\*\***

## INSTRUCTION

<b>Primary</b>	Private Pilot Course Instruction (PPL)	<b>\$44</b>
<b>Advanced</b>	All single engine land except PPL	<b>\$47</b>
<b>Ground Instruction</b>	All Certs / Courses	<b>\$35</b>

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

**INTRODUCTORY/DISCOVERY FLIGHTS AVAILABLE IN 1 Hour block** *(Please call for current rates or to schedule)*

## Hanger Rental / Aircraft Storage

<u>PER MONTH</u>	<u>PER NIGHT</u>
SINGLE \$175.00      MULTI ENGINE \$205.00	NIGHTLY/TRANSIENT \$15

## Additional Information

<b>AVGAS</b>	(Subject to change without notice)	<b>**Currently NOT AVAILABLE**</b> on base
<b>Oil for private aircraft purchase</b>	(Subject to change without notice)	Call to for current price per QT
<b>Maintenance Labor Per Hour</b>	(Member owned aircraft mechanic labor)	<b>\$85</b>

FAA MEDICAL INFO & EXAMINERS: <https://www.faa.gov/pilots/amelocator>      [https://www.faa.gov/pilots/medical\\_certification](https://www.faa.gov/pilots/medical_certification)

IACRA: Student Pilot License Application filled out by you and your CFI or can be found at: <https://iacra.faa.gov/IACRA/Default.aspx>

**\*\*ADDITIONAL COURSES MAY BE OFFERED & ARE UPDATED AS MADE AVAILABLE ON A PRE-ARRANGED BASIS\*\***  
**(ALL PRICES ARE TAX EXEMPT FOR THIS FEDERAL FACILITY AND ARE NOT CHARGED TO COSTS)**