

# LEMAY AERO CLUB

## FLIGHT TRAINING CENTER

PO BOX 13234 OFFUTT AFB, NE 68113

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

### Membership Packet Information Page:

1. Fill in Membership Application and sign
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

### Needed for Membership:

5. Copy of Pilot License (Student pilot Cert is on back of Medical Cert)
6. Copy of Medical Cert issued by an AME ( See list of AMEs local)  
-Only exception to providing a civilian medical certificate is AF IMT 1042, specifying "PILOT"
7. Copy of D.O.D. ID Card authorizing membership
8. Pay \$40 Initiation Fee & 1<sup>st</sup> 3 months dues  
-Or provide a letter of good standing from previous Aero Club
9. Read & understand the SOP's located at: [offutt55fss.com/aero-club-documents/](http://offutt55fss.com/aero-club-documents/)
10. Before your first flight, you must provide proof of citizenship to instructor.  
(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 - \$120 w/ EKG - \$185	402-330-1410
Dr James Steier	8901 W. Dodge Rd Class I,II,III - \$177 w/ EKG - \$263	402-354-8990
Dr Fred Fuerstein	10710 Fort St. Class I,II,III - \$229 w/EKG - \$233	402-354-7500
Dr James Tracy	2808 S.80 <sup>th</sup> Ave #210 Class II,III = \$125	402-391-1800 <small>Call for Appt speak to Jennifer</small>
Dr Paul Sherrerd	6751 N 72 <sup>nd</sup> St # 207 Class II,III - \$140	402-572-3765
Dr John Ptacek	4200 Douglas Street Class I,II,III – \$134.18 w/EKG - \$250.54	402-552-3222

<b>MEMBERSHIP APPLICATION</b>	OFFUTT, AFB	<b>AFB AERO CLUB</b>	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"/> INTRODUCTORY	<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
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ORGANIZATION	GRADE	LAST 6 SSN	RELATIONSHIP
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**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?			
<i>If answered yes, give full details, including date, location, nature, and disposition, on separate sheet and attach</i>			

**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  
 EGLIN 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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## 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. There is a regular safety meeting and a backup safety meeting (both count for attendance). If I miss a safety meeting I can view a recorded copy but, I must attend a minimum of one in three meetings in person. (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: \_\_\_\_\_

<b>COVENANT NOT TO SUE AND INDEMNITY AGREEMENT</b>	
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 LEMAY AERO CLUB OFFUTT AFB, NE
<b>I. AGREEMENT</b>	
<p>I, <i>(Print Name)</i> _____ am about to voluntarily participate in various activities, including flying activities, of the <u>LEMAY AERO CLUB, OFFUTT AFB</u> 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 <i>(including death)</i> 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.</p> <p>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 for all damages, expenses, and costs it may incur as a result thereof.</p> <p>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.</p> <p>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.</p> <p>The term US Government as used herein includes the <u>OFFUTT AFB</u> 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 or otherwise.</p>	
DATE	SIGNATURE
SIGNATURE OF AERO CLUB OFFICIAL	
<b><i>If a minor, so indicate and state age. If the minor is capable of signing, have him/her sign. If he/she is not capable, have parent sign for the minor: that is, "John Jones by Harry Jones, his father" and sign below.</i></b>	
<b>II. AGREEMENT FOR MINOR PARTICIPANT</b>	
FOR MINOR <i>(Signature)</i>	
<p>I/We, _____, parent(s) of the above-named minor do hereby (1) consent to him/her participating in the activities of the <u>LEMAY AERO CLUB OFFUTT, AFB.</u></p> <p>(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 21 years of age.</p>	
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.

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### 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:**

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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: \_\_\_\_\_

**LEMAY AERO CLUB &  
FLIGHT TRAINING CENTER**  
P.O. Box 13234 Offutt AFB, Ne 68113  
(402) 294-3385

<http://offutt55fss.com/aero-club>

**EFFECTIVE 1 MARCH 2021**

**AIRCRAFT RATES PER HOUR:**

<b>TAIL #</b>	<b>AIRCRAFT</b>	<b>DRY RATE</b>
N5204F	C-172F	\$85.00
N4969R	C-172H	\$85.00
N4987R	C-172H	\$85.00
N83416	PA-28-161	\$110.00
N33096	PA-28R-200	\$120.00
N9788H	C-182R	\$125.00

**INSTRUCTION PER HOUR:**

Primary	Private Pilot Course Instruction (PPL)	\$35.00
Advanced	All single engine land except ATP, PPL	\$37.50
ATP	All ATP Instruction	\$37.50
Ground Instruction	All Certs/Courses	\$30.00

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

**MISCELLANEOUS FEES:**

<b>Initiation Fee</b>	\$40.00
<b>Aero Club Membership Dues:</b>	<b>MONTHLY</b>
Enlisted	\$15.00
Retiree	\$15.00
Officer	\$15.00
Civilian	\$15.00
Long Distance (Resides over 50 miles away)	\$12.00

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

**Ground School Group Class per Person:**

Private Pilot (PPL)	\$260
Instrument (IFR)	\$280

**Ground School Part 141 Kits (Books & Materials):**

Private Pilot	\$295.00
Instrument/Commercial	\$305.00
CFI/CFII	Will Order

\*Does not include FAA written exam cost or FAA examiner Fee\*

DURING FBO REMOTE OPERATIONS RATES ARE DRY & MEMBER DUES REFLECT ADJUSTMENTS

<b>Mechanic per Man Hour</b>	\$75.00
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**\*\*ALL GROUP CLASSES HAVE TEMPORARILY BEEN SUSPENDED UNTILL FURTHER NOTICE\*\***

SUSPENSION DUE TO BASE COVID GROUP RESTRICTION POLICY