



**Applicant Information**

<b>Name:</b>			
<b>Address:</b>			
<b>Phone:</b>	<b>Email:</b>	<b>DOB:</b>	
<b>Emergency Contact Name:</b>			
<b>Phone :</b>		<b>Email</b>	
<b>Address:</b>			

**Employer Information**

<b>Employer:</b>	
<b>Address:</b>	
<b>Phone:</b>	<b>Occupation:</b>

**Pilot Information**

<b>Flying Hours:</b>	<b>Last 6 Months</b>
<b>Time in Club Aircraft Types:</b>	
<b>Certificates Held:</b>	<b>Medical Class:</b>
<b>How Many Hours Do You Plan To Fly Next Year?</b>	
<b>Date of Last Flight:</b>	

**Have you been (check all that apply):**

<b>In any aircraft accidents or incidents</b>	<b>_____Y</b>	<b>_____N</b>
<b>Charged with a violation of FAA regulations</b>	<b>_____Y</b>	<b>_____N</b>
<b>In any motor vehicle accidents in the past 3 years</b>	<b>_____Y</b>	<b>_____N</b>
<b>Issued any moving traffic citations in the past 3 years</b>	<b>_____Y</b>	<b>_____N</b>

**Please include copies of driver's license, current medical, and pilot certificate with this Application.**

**Please read the following carefully, and initial where appropriate:**

I declare that the information contained in this application is true and correct. If my membership application is accepted by the Central Arkansas Flying Club, Inc. (hereinafter, the "Club"), I agree that I will all times abide by the Bylaws and all operating policies, rules and procedures of the Club, as they may be implemented from time to time, and I agree that I will comply with any decision of the Board of Directors of the Club. I agree to promptly pay to the Club any monthly dues, rental charges, fuel charges, assessments or other charges which may be charged to my Club account or which may be due and owing by me to the Club. I understand that my failure to comply with the Bylaws or operating policies, rules and procedures of the Club, my failure to comply with any decision of the Board of Directors, or my failure to timely pay any charges made to my Club account may result in my expulsion from the Club. I authorize the Club to charge any past due balance which may be in my Club account to any credit card I have furnished to the Club, or to draft such charges from any bank account I hold. I further authorize the Club to conduct a background check, credit check, employment check, and to conduct a check of my flying history. I agree to promptly furnish any additional information that may be required by the Club while it is considering my membership application. If accepted as a member, I further agree that it is my responsibility to keep my contact information with the Club updated at all times.

\_\_\_\_\_  
(Initials)

#### **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

Should my application for membership in the Club be approved, in consideration of being permitted to rent and use aircraft owned or operated by the Club or otherwise made available by the Club to its members for rental (collectively, the "Club Aircraft") for my own pleasure and purposes, I, on behalf of myself, my personal representatives, heirs, estate and next of kin, hereby acknowledge and agree as follows:

**I understand that aviation has inherent risks, and that I could be seriously injured or killed when flying or operating Club Aircraft.**

\_\_\_\_\_  
(Initials)

**I, on behalf of myself and my personal representatives, heirs, estate and next of kin, agree to release, waive, discharge and covenant not to sue the Club, or any officer, director, member, agent or employee of the Club, for any and all injuries or damages I may sustain while operating or flying in (whether as a pilot or passenger) any Club Aircraft, whether such injuries or damages**

are due to: (i) any negligence or neglect on the part of the Club, or its officers, directors, members, employees or agents; (ii) any mechanical failure of a Club Aircraft; (iii) any pilot error on the part of myself or any other person; or (iv) any other cause whatsoever.

\_\_\_\_\_  
(Initials)

I, on behalf of myself and my personal representatives, heirs, estate and next of kin, agree that I shall assume full responsibility and liability for any injuries or damages that I may sustain from the time any Club aircraft is rented until the time it is returned to the Club.

\_\_\_\_\_  
(Initials)

I, on behalf of myself and my personal representatives, heirs, estate and next of kin, agree that each time I rent or fly in any Club Aircraft, I will inspect such Club Aircraft for airworthiness prior to flight and will accept and use such Club Aircraft in an "as is, where is" condition, and agree to absolve and relieve the Club, and its officers, directors and members, from any liability whatsoever by reason of or resulting from the condition of the Club Aircraft. I agree that I will not operate a Club Aircraft if it is found to be in an unairworthy condition.

\_\_\_\_\_  
(Initials)

I, on behalf of myself and my personal representatives, heirs, estate and next of kin, hereby bind and obligate myself to hold the Club and its directors, officers, members, employees and agents, free and harmless from any and all liability from any claims which I may have against the Club, its members, officers, directors, employees or agents, and from any claims which any third party may have against the Club, its members, officers, directors, employees and agents, which arises out of the condition or use of any Club Aircraft rented, used or flown in by me.

\_\_\_\_\_  
(Initials)

I understand that by signing this Release and Waiver of Liability and Indemnity Agreement, I am giving up my right to sue (and my heirs' right to sue) the Club, or any of its directors, officers, members, agents or employees, in the event that I am injured or killed while flying in a Club Aircraft, EVEN IF THE INJURIES I SUSTAIN ARE THE FAULT OF THE CLUB, OR A DIRECTOR, MEMBER, OFFICER, AGENT OR EMPLOYEE OF THE CLUB.

\_\_\_\_\_  
(Initials)

**BOTH THE APPLICANT AND THE CLUB INTENTIONALLY AND VOLUNTARILY WAIVE ANY RIGHT THAT THEY MAY HAVE TO A TRIAL BY JURY WITH RESPECT TO ANY LITIGATION BASED UPON THE APPLICANT'S MEMBERSHIP IN THE CLUB, THE APPLICANT'S USE OF ANY CLUB AIRCRAFT, OR ANY COURSE OF CONDUCT, COURSE OF DEALING, STATEMENTS (WHETHER ORAL OR WRITTEN), OR ANY ACTIONS OF THE PARTIES. THIS PROVISION IS A MATERIAL INDUCEMENT TO THE APPLICANT SEEKING MEMBERSHIP IN THE CLUB, AND TO THE CLUB'S DECISION TO GRANT THE APPLICANT MEMBERSHIP SHOULD THE APPLICATION OTHERWISE BE APPROVED.**

\_\_\_\_\_  
(Initials)

I have read the foregoing and agree to be bound by the terms of this application should my application for membership be approved by the Club.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Club Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Board Member Initials:</b>	<b>Board Member Initials:</b>
<b>Board Member Initials:</b>	<b>Board Member Initials:</b>
<b>Application Received Date:</b>	<b>Date Approved:</b>

In consideration of the privileges of the flying club-owned or leased aircraft, the undersigned hereby:  
**1) Acknowledges receipt of a copy of the Club's Flying Regulation and Policy in effect as of November 5, 2014 of any amendments. 2) Agrees to the provisions of the Flying Regulation and any amendments thereto. 3) Agrees to pay for monthly dues, flying charges, and other fees, charges and assessments incurred as a member by the 2nd day of the month in which billed; and agrees to pay a past due fine amounting to 5% on any unpaid balance carried after the 15th of that month.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**PAYMENT INFORMATION**

CENTRAL ARKANSAS FLYING CLUB GIVES OUR MEMBERS 2 OPTIONS FOR ACCOUNT HANDLING.

OPTION 1 – AUTOMATIC ELECTRONIC PAYMENT (AEP)

OPTION 2 – POSITIVE ACCOUNT BALANCE (PAB)

PLEASE CAREFULLY CONSIDER WHAT IS MOST CONVENIENT FOR YOU AND PROVIDE THE NECESSARY INFORMATION BELOW.

NOTICE EVEN IF YOUR CHOICE IS OPTION 2 PAB -YOU ARE STILL REQUIRED TO PROVIDE & MAINTAIN A CURRENT INFORMATION FOR CREDIT/DEBIT OR ECHECK PROCESSING ON FILE AT ALL TIMES AND SIGN THIS AUTHORIZATION FOR CAFC TO CHARGE THAT CREDIT/DEBIT OR ECHECK PERIODICALLY FOR THE BALANCES DUE ON YOUR ACCOUNT IN THE EVENT YOUR ACCOUNT BALANCE FALLS INTO THE NEGATIVE FOR MORE THAN 15 DAYS UNLESS THERE IS WRITTEN AGREEMENT ON FILE.

NAME ON ACCOUNT	
ACCOUNT BILLING ADDRESS	
CITY, STATE & ZIP	
ELECTRONIC ACCOUNT TYPE	
CREDIT OR DEBIT CARD: " AMEX " VISA "MC "Other _____	
EXP DATE:	V-CODE

**SELECT PAYMENT OPTION**

" **OPTION 1** – AEP Electronic Account will automatically be charged on 2nd of each month for member dues and for any balance due and/or when selected by Member on Sales Receipt. INITIALS \_\_\_\_\_

" **OPTION 2** – PAB Member agrees to regularly deposit funds into account thereby maintaining a Positive Account Balance at all times to include monthly dues added on 2nd of each month. Electronic Account Information will be put on file and only be charged if the account balance falls in to negative for more than 15 days – on the 17th of each month. INITIALS \_\_\_\_\_

**CERTIFICATION**

**AUTOMATIC ELECTRONIC CREDIT CARD PAYMENT AUTHORIZATION: THE SIGNATURE BELOW AUTHORIZES CAFCC TO CHARGE MY ACCOUNT PERIODICALLY FOR THE BALANCES DUE ON MY ACCOUNT.**

**CARD HOLDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_