



KIRTLAND AERO CLUB
3400 Clark Ave, Bldg 333
Kirtland AFB, NM 87117
(505) 846-1072

Thank you for your interest in the Kirtland Aero Club/Flight Training Center.

Attached are the forms that will make the process of joining the club much easier. If you have a Letter of Good Standing from another Aero Club, please provide us with a copy when you return this application package so you are not charged the initiation fee of \$50.00. In addition to these forms, we will need a copy of your military ID card, Air Force or DOD civilian ID card, DOE ID card, or current Civil Air Patrol card and a birth certificate or a current passport. If you are a rated pilot, a copy of your current medical and pilot certificate are also required. We will be glad to make all of the copies for you.

AF Form 1710 is the Membership Application, and it should be self-explanatory.

AF Form 1585, the Covenant Not to Sue, is to be filled in with your name, date and signature. If you are under the age of 21, your parent(s) must complete the bottom portion of the form.

Credit Card Authorization for Dues is to be filled out for a Visa or MasterCard only. These are the only types of credit cards that we can accept for your monthly dues. Dues are \$15 per month.

Once the manager signs your application, you are a dues paying member and are obligated to pay monthly dues. The only way to stop your dues is to provide the Manager, Asst. Manager or Chief Pilot with a letter of resignation from you, in writing. Resignation forms are available at the Aero Club. If you are to be deployed, a copy of your orders will be required.

_____ **New Member Initials**

Do not sign below until you turn in your application. This must be signed in the presence of the Manager, Asst. Manager or Chief Pilot. You will be provided a copy for your records.

Print Full Name

Member Signature

Email

6 digit pin for door

Date

Phone number

Aero Club Member # _____
Kirtland Aero Club
3400 Clark Ave, Kirtland AFB, NM 87117
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Recurring Charge Authorization

I, _____, authorize the Kirtland Aero Club to charge the credit card listed below for Aero Club dues and/or services each month until I revoke this authority in writing or until the last month of my eligibility for membership in the club.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Number (VISA or MASTERCARD)

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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Expiration Date (MM-YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CCV

Work Phone # _____

Cell Phone # _____

Furthermore, I authorize the Kirtland Aero Club to charge this account for invoices and receipts prepared as a result of services used by me and indicated as a charge “on file” and containing my signature as shown below.

I understand that it is my responsibility to notify the Aero Club if any information changes regarding the credit card (number change or expiration date change).

Signature

Date

This form will remain safeguarded

PRIVACY ACT STATEMENT

Authority: 10 USC 8012 (Secretary of Air Force Powers and Duties)

Principal Purposes: Collect Data necessary for the administration of a Services program.

Routine Uses: To aid in collection of data essential to access patrons for recurring use fees and services, and resource collection of accounts returned to Services.

Whether disclosure is Mandatory or Voluntary and Effect on Individual for Failure to Disclose Information: Disclosure is voluntary, however failure to do so is cause for refusal of charge privileges, and all fees and charges for services would be payable in advance.



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Date: _____

MEMORANDUM FOR CHIEF FLIGHT INSTRUCTOR

Print Name _____

Request for Instructor/Flight Training

1. Request enrollment and/or instructor assignment for the following courses (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Private Pilot Course | <input type="checkbox"/> Initial Checkout | <input type="checkbox"/> Currency Check |
| <input type="checkbox"/> Instrument Pilot Course | <input type="checkbox"/> Annual/BFR | <input type="checkbox"/> T-41C |
| <input type="checkbox"/> Instrument Proficiency Check | <input type="checkbox"/> Night Check | <input type="checkbox"/> Cessna 182Q |
| <input type="checkbox"/> Commercial Pilot Course | <input type="checkbox"/> Mountain Check | <input type="checkbox"/> Cessna 182RG |
| <input type="checkbox"/> VA/GI Bill/Student Loan | | |

2. My anticipated availability is (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekday Evenings |
| <input type="checkbox"/> Saturdays | <input type="checkbox"/> Sundays | <input type="checkbox"/> Variable/Shift Worker |

Other: _____

3. I would like to start training on/about _____

4. Contact me at the following numbers:

Daytime: _____ Evenings: _____

email: _____