



BEALE AERO CLUB
1364 Sky Harbor Dr.
Olivehurst, CA 95961
(530) 749-7696

Welcome to the Beale Aero Club!

We love to fly and we love to share the experience of flight with our membership. Our instructors are all FAA certified and exceptionally qualified in all aspects of flight and ground training.

ELIGIBILITY – We welcome active duty personnel, retired military, reserve component members, ROTC cadets, DoD employees, NAF employee, CAP members, government contractors, civilians and others who support the DoD mission as well as their family members.

BILLING – Aircraft rental, instructional fees and supplies are charged to your credit card. We do not accept cash or checks.

SAFETY MEETINGS – Attendance is mandatory for you to keep your membership in good standing. The meeting is typically held the last Saturday of the month at 0900. (If you ensure that we always have a current email address on file we will send reminders each month.)

GROUND SCHOOL – Enrollment for ground school is on-going. Call for details.

CERTIFICATIONS- We specialize in having our students attain their Private Pilot's certificate. We also offer advanced ratings such as Instrument Certification, Commercial, and CFI.

APPOINTMENT ONLY OFFICE – We have an appointment only office on base located at the Recce Point Complex building.

SCHEDULING – We use www.flightschedulepro.com to schedule all flights and instructor time. You can also call the office or the instructor that you would like to fly with.

GIFT CERTIFICATES – Gift certificates can be purchased for anything from an 'Introductory Flight' to ground school. The only limitation is the gift giver's imagination.

PILOT SHOP- We offer a limited selection of merchandise. If you are in the market for pilot supplies such as headsets, let us know and we may be able to offer it at a discounted price and with no sales tax.

Club Contact Information

Club Manager

Jaclyn Fitzpatrick

(office) 530-749-7965

Jaclyn.Fitzpatrick.1@us.af.mil

Office Assistant

(office) 530-749-7696

Operation Officer

D'arcy McLeod

(cell) 530-701-6694

Instructors

Chief Flight Instructor

Vaughn Schultz, CFI, CFII

(cell) 530-713-1879

Flight Instructors

Alex Scholey, CFI, CFII, MEI

(cell) 303-908-4508

Craig Calhoun, CFI, CFII

(cell) 925-451-7515

Jeremy Lee, CFI

(cell) 717-877-5793

Welcome to the Beale AFB Aero Club!

Attached you'll find your new member application package. In order to become a member, the following needs to be accomplished/turned in:

- Membership Application
- Bring a Birth Certificate or current Passport
- Bring your current Military/Government ID
- Bring your current Driver's License
- Logbook (for those with their Pilot's License). The Aero Club will need to make a copy of your Flight Review endorsement (Instrument Form 8 for AF)
- Copies of Pilot and Medical Certificates (1042 acceptable for military pilots)
- Letter of Good Standing (if you have one)
- Covenant Not to Sue
- SOP & AFI Acknowledgment
- COVID Operating Procedures Acknowledgment
- Credit Card Authorization Form
- An initiation fee of \$25 will be charged to your credit card, in addition to your first month's dues payment. This fee is waived if you present a Letter of Good Standing from another military Aero Club.

When you have the above checklist complete, please return all paperwork at the Aero Club office for processing.

Please plan to attend the monthly Safety Meetings. They are usually held on the last Saturday of the month and they are REQUIRED!

THANK YOU, AND WELCOME TO THE CLUB!



MEMBERSHIP APPLICATION _____ BEALE _____ 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 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. SSAN is used for positive identification of the individual and records.
 DISCLOSURE IS VOLUNTARY: Failure to provide any or all of the information, including SSN, may result in the individual being denied aero club membership and or participation in aero club flying activities.*

NAME (Last, First, Middle Initial)	GRADE	SSN
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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	Email:
<input type="checkbox"/> REGULAR <input type="checkbox"/> INTRODUCTORY	<input type="checkbox"/> ACTIVE RETIRED <input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> RESERVE <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	SSN
		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 _____ CLASS	DATE OF PHYSICAL

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 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBERSHIP CARD NO.	MANAGER'S SIGNATURE	DATE
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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 Beale Aero Club, Beale AFB, CA 95903
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I. AGREEMENT

I, (*Print Name*) _____ am about to voluntarily participate in various activities, including flying activities, of the _____ Beale _____ 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 for 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 _____ Beale _____ 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.

DATE	SIGNATURE
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SIGNATURE OF AERO CLUB OFFICIAL

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.

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 _____ Beale _____ 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 21 years of age.

DATE	PARENT'S SIGNATURE
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BEALE AIR FORCE BASE



AERO CLUBS

BEALE AERO CLUB

1364 Sky Harbor Dr.

Olivehurst, CA 95961

(530) 749-7696

I _____, have read and understand the Beale Aero Club Standard Operating Procedures (SOP), AFI 34-101, Chapter 10, and AFMAN 34-152. I also understand that failure to comply with these regulations may result in suspension or termination from the club.

Signed _____

Date _____



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COVID-19 Operating Procedures Acknowledgement

I _____, have read and understand the Beale Aero Club COVID – 19 Operating Procedures. I also understand that failure to comply with these regulations may result in suspension or termination from the club.

Signed _____

Date _____



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I _____, authorize the Beale AFB Aero Club to charge my VISA or Master Card account for my dues, purchases, training, and aircraft rental. I understand that my monthly dues will be charged to this account, unless I specify a differently. I understand my personal information is protected by the Privacy Act.
I want to use my:

VISA Card

Account # _____

Expiration Date _____

3 digit security code _____

Master Card

Account # _____

Expiration Date _____

3 digit security code _____

American Express

Account # _____

Expiration Date _____

4 digit security code _____

Signed _____

Date _____