



www.aeroatlanta.com  
770-422-2376

**The Instructor is responsible for obtaining and discussing the following information with new customers. If the item is not applicable, write N/A.**

**Items to Collect**

**Things to Discuss**

- |  |  |
|--|--|
| <input type="checkbox"/> Membership Application                    | <input type="checkbox"/> Discuss Club & Non-Club       |
| <input type="checkbox"/> Pilot Record                              | <input type="checkbox"/> Zero Deductible               |
| <input type="checkbox"/> Payment Authorization                     | <input type="checkbox"/> Sky Scheduler Explanation     |
| <input type="checkbox"/> Copy of Credit/ Debit Card                | <input type="checkbox"/> After Hours Procedures        |
| <input type="checkbox"/> Copy of Drivers License                   | <b><u>AAFC Operations Manual</u></b>                   |
| <input type="checkbox"/> Copy of Current Medical                   | <input type="checkbox"/> Email to new member           |
| <input type="checkbox"/> Copy of Birth Certificate or Passport     | <input type="checkbox"/> Received Ops manual statement |
| <input type="checkbox"/> Pilot Certificate or Student Endorsements |  |
| <input type="checkbox"/> Flight Review                             |  |

Member Name: \_\_\_\_\_

**Instructor Obtaining Documents:**

- |                                     |                               |               |
|-------------------------------------|-------------------------------|---------------|
| <input type="checkbox"/> QB         | <input type="checkbox"/> SS   | (Print) _____ |
| <input type="checkbox"/> Initiation | <input type="checkbox"/> Dues | (Sign) _____  |
|                                     |                               | (Date) _____  |



## Membership Application

Date of Application: \_\_\_\_\_

MEMBER \_\_\_\_\_ NON-MEMBER \_\_\_\_\_

Please fill in the spaces below with the appropriate information.

Last Name \_\_\_\_\_ First, MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Years There: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

How did you hear about us \_\_\_\_\_

### Flight History:

Certificates Held (Circle Appropriate Ones):

Airplane-Single Engine Land    Multi Engine Land

Student    Private    Commercial    ATP

Instrument-Airplane \_\_\_\_\_ Date Issued: \_\_\_\_\_

Total Time: \_\_\_\_\_ Last 90 Days: \_\_\_\_\_

Briefly describe some aviation goals you would like to achieve at AAFC:

Instructor Assigned: \_\_\_\_\_



## Acknowledgement of receipt and understanding of Aero Atlanta Operations Manual

Please Initial

\_\_\_\_\_ I have received, either in digital or hard-copy form, Aero Atlanta Operations Manual, version 3.1.

\_\_\_\_\_ I have read and understand all policies and procedures as set forth within the Aero Atlanta Operations Manual.

\_\_\_\_\_ I agree to comply with all policies and procedures as outlined in the Aero Atlanta Operations Manual.

\_\_\_\_\_ I understand that any deviation from any policy and/or procedure as outlined within the Aero Atlanta Operations Manual requires written authorization from the Aero Atlanta President or Chief Flight Instructor.

I understand that failure to comply with policies and procedures as set forth within the Aero Atlanta Operations Manual is grounds for revocation and denial of flight privileges with Aero Atlanta Flight Center

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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### ZERO-DEDUCTIBLE INSURANCE RELEASE AUTHORIZATION

I, \_\_\_\_\_ hereby request Aero Atlanta Flight Center to release me from the \$5000 property liability that I may incur due to an accident with a Club aircraft.

I understand that this release will not be in effect for gross pilot negligence.

I further understand that this coverage shall be effective upon receipt of this form by Aero Atlanta Flight Center. If I am a renter and am receiving dual instruction from a club-approved instructor, I understand that I am responsible for covering the deductible if an accident occurs.

Initial one of the below:

\_\_\_\_\_ I agree to pay the \$250 insurance deposit refundable to me upon written cancellation of my membership. I also understand that this deposit is refundable only if my membership is in good standing with Aero Atlanta and I have been a member for a minimum of six months.

\_\_\_\_\_ I agree to pay Aero Atlanta Flight Center \$5.00 per flight hour, which I understand will be added to my flight charges.

Signed:

\_\_\_\_\_  
Aero Atlanta Member/Renter



**Payment Authorization Form**

Charges for all aircraft flights will be processed within one business day of the completion of that flight. All aircraft rental requires a credit card to be placed on file. Customers are welcome to pay Cash, Check, or use a different card at the time of flight completion. Otherwise, charges will be placed on the credit card on file.

Visa Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Master Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Discover Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amex # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (V/M/D - 3 digits on back/AMEX – 4 digits on front) # \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

I authorize Aero Atlanta Flight Center to charge my card for all outstanding charges on my account. I understand that this authorization shall be in effect until I notify Aero Atlanta Flight Center, Inc. of my intention to close my account in writing and have made full payment for any and all outstanding charges.

Signature authorizing charges: \_\_\_\_\_

**BILLING ADDRESS**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PREPAYMENT OPTIONS (DISCOUNTED RATES)**

Aero Atlanta offers discounts to Club Members applying prepaid money on account in the following increments:

Amount Purchased	Discount
\$4000 - \$6000 –	4%
\$6000 - \$8000 –	5%
\$8000+	6%

Increase discount amount by 1% for payment by Cash or Check. All American Express Card holders incur a 1% charge. All Block Purchases must be accomplished by swiping the desired card.

Initial Block Amount Requested: \_\_\_\_\_

Once the block amount is depleted, you will be contacted by Aero Atlanta Flight Center staff to purchase an additional block.

**Refund Policy:**

Any credit remaining on a customer's account may be refunded at the customer's written request. Refunds will only be issued in the same form of the original payment and any credit previously applied to an invoice is not eligible for refund. Refunds for remaining credit from a block purchase will be refunded minus the discount percentage that was applied to the customer's account.

# PILOT RECORD

Pilot Name		<b>Pilot Certificates Now Held</b> <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational
Address		
Date of Birth		
Certificate Number		
Occupation		
Employer		<b>FAA Pilot Ratings Now Held</b> <input type="checkbox"/> ASEL <input type="checkbox"/> SES <input type="checkbox"/> AMEL <input type="checkbox"/> MES <input type="checkbox"/> IFR <input type="checkbox"/> Glider <input type="checkbox"/> Helicopter <input type="checkbox"/> Other: _____

◆ **FAA MEDICAL CERTIFICATE** ◆

Date Issued		Class	
Waivers	If none, write none		

◆ **TRAINING AND REFRESHER TRAINING** ◆

Describe Simulator Flight training		Describe Simulator Flight training	
Aircraft Type		Aircraft Type	
School Date		School Date	
Do you hold a current FSI Pro Card or Simuflite Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of last Biennial Flight Review or equivalent.			
Do you participate in FAA Pilot Proficiency Award Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

◆ **LOGGED PILOT HOURS** ◆

	Hours		Hours		Hours
Total Logged All Aircraft		Retractable Gear			
Multi-Engine		Helicopter			
Turbo-Propeller		Jet			
Tail Wheel		Seaplane			
Glider		Instructor			
Amphibious		Other			

**Please explain fully any YES answers to the following questions on reverse side.**

1.	As pilot in command or co-pilot have you had or been involved in any aircraft accidents or incidents?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	As pilot in command or co-pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	Has your automobile drivers license ever been suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	Have you had any automobile accidents within the last five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6.	Any aircraft / aviation insurance claims or losses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.	Have you ever been convicted or pleaded guilty to a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8.	Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Remarks:

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Pilot's personal signature required)