



# HOLLOMAN AERO CLUB FLIGHT TRAINING CENTER

420 DELAWARE AVE, BLDG 283  
HOLLOMAN AFB, NM 88330  
575-572-3752  
M-F 0800-1600



## AVAILABLE AIRCRAFT

\*RATES INCLUDE FUEL\*

CESSNA C-182T.....\$195/HR  
CESSNA T-41C.....\$140/HR  
DIAMOND DA40.....\$150/HR

## FLIGHT SIMULATOR

REDBIRD FMX.....\$40/HR

## DUES/RATES

MONTHLY DUES.....\$30

\*CHARGED ON THE 15TH\*

GROUND SCHOOL BUNDLE.....\$550  
INCLUDES ONLINE TRAINING/FLIGHT BAG WITH BOOKS

GROUND SCHOOL-ONLINE ONLY.....\$300

## REQUIRED DOCUMENTS

- MEMBERSHIP FORMS COMPLETED
- PROOF OF ELEGIBILITY
- PHOTO IDENTIFICATION
- BIRTH CERTIFICATE OR PASSPORT
- PILOTS LICENSE (IF APPLICABLE)
- MEDICAL CERTIFICATE (IF APPLICABLE)

## FAA AVIATION MEDICAL EXAMINERS

PLEASE VISIT

[www.faa.gov/pilots/amelocator](http://www.faa.gov/pilots/amelocator)

TO LOCATE A DOCTOR IN YOUR AREA

## STUDENT PILOT LICENSE

REGISTER THROUGH THE INTEGRATED  
AIRMAN CERTIFICATION AND RATING  
APPLICATION (IACRA) WEBSITE [https://  
iacra.faa.gov/IACRA/default.aspx](https://iacra.faa.gov/IACRA/default.aspx)

VISIT OUR WEBSITE FOR  
MORE INFORMATION



# 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 <b>HOLLOMAN AERO CLUB FLIGHT TRAINING CENTER</b>
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## I. AGREEMENT

I, *(Print Name)* \_\_\_\_\_ am about to voluntarily participate in various activities, including flying activities, of the **HOLLOMAN** 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 of 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 **HOLLOMAN** 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 other otherwise.

DATE	SIGNATURE
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SIGNATURE OF CLUB OFFICAL

*If a minor, so indicate and state age. If the minor is capable of signing, have him/her sign. If the minor is not capable, have parent sign for the minor: that is, "John Jones parent of Harry Jones, his father" and sign below.*

## II. AGREEMENT FOR MINOR PARTICPANT

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 \_\_\_\_\_ 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 17 years of age.

DATE	PARENT'S SIGNATURE
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**CUI (when filled in)**

<b>MEMBERSHIP APPLICATION</b>		HOLLOMAN	AFB AERO CLUB	DATE [ ]	
<p>AUTHORITY: 10 USC 8013: Secretary of the Air Force.                  PRINCIPAL PURPOSES: 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.                  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.</p>					
NAME (Last, First, Middle Initial)		GRADE	ID #		
MAILING ADDRESS (Number, Street, City, State, Zip Code)		HOME PHONE	DATE OF BIRTH		
DUTY ADDRESS		DUTY PHONE	DATE SEPARATED FROM ACTIVE DUTY		
TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> INTRODUCTORY		BASIS OF ELIGIBILITY <input type="checkbox"/> ACTIVE DUTY/ENLISTED <input type="checkbox"/> DEPENDENT DOD/NAF <input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> RESERVE <input type="checkbox"/> OTHER (Specify) [ ]			
<b>DATA FOR EMERGENCY NOTIFICATION</b>					
NAME (Last, First, Middle Initial)		ADDRESS (Number, Street, City, State, Zip Code)	PHONE/AREA CODE	RELATIONSHIP	
<b>SPONSOR INFORMATION (Complete if Dependent)</b>					
TYPE OR PRINT SPONSOR'S NAME (Last, First, Middle Initial)		SPONSOR'S SIGNATURE (Only Required for Minors)		DATE	
ORGANIZATION		GRADE	DOD ID	RELATIONSHIP	
<b>RESERVE/NATIONAL GUARD PERSONNEL</b>					
<input type="checkbox"/> 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	
<b>PILOT CERTIFICATION INFORMATION</b>					
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?				<input type="checkbox"/>	<input type="checkbox"/>
B. Denied membership in or terminated from a U.S. Armed Forces Aero Club?				<input type="checkbox"/>	<input type="checkbox"/>
C. Refused an aeronautical certificate or had an aeronautical certificate suspended or revoked?				<input type="checkbox"/>	<input type="checkbox"/>
D. Reported for violation of any FAA regulation or other flying regulations?				<input type="checkbox"/>	<input type="checkbox"/>
E. Involved in an aircraft incident/accident?				<input type="checkbox"/>	<input type="checkbox"/>
F. Convicted of use of hallucinogens, dangerous drugs or marijuana?				<input type="checkbox"/>	<input type="checkbox"/>
G. Convicted of serious alcohol-related charges such as operating motor vehicle under influence of alcohol?				<input type="checkbox"/>	<input type="checkbox"/>
<i>If answered yes, give full details, including date, location, nature, and disposition on separate sheet and attach</i>					
<b>CERTIFICATION (To be completed by civilian applicants, including dependents)</b>					
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 <u>HOLLOMAN</u> 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)			
<b>FOR OFFICE USE ONLY</b>					
LETTER OF GOOD STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBERSHIP CARD NO.	MANAGER'S SIGNATURE		DATE	

# Holloman Aero Club Flight Training Center

## Credit Card Recurring Payment Authorization Form

You authorize regularly scheduled charges to your Visa or MasterCard. You will be charged each billing period for the total amount due for activity occurring during that period. Additionally, once a month, membership dues will be automatically charged. To cancel your membership, please provide written notice thirty days prior to termination.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Holloman Aero Club and Flight Training Center to charge my credit card indicated below when services are rendered at the Aero Club, in addition to once-a-month membership dues.

I understand that I will only receive advance notice of the charge if it exceeds an amount different than authorized on my invoice.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. 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. 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 scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Account Type:  Visa  MasterCard  Amex

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV (3 digit number on back of Visa/MC, 4 digit number on back of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# NEW MEMBER CHECKLIST

Please follow the checklist and have on hand the necessary forms when you turn in your packet. The Aero Club can make copies if needed.

- AF FORM 1585, Covenant Not to Sue and Indemnity Agreement
- AF FORM 1710, Membership Application
- Member Credit Card Authorization of Payment Form
- Member Responsibilities and Obligations Statement
- Copy of an FAA Medical Certificate (student pilots- 3<sup>rd</sup> class)
  - For a list of doctors and instructions about how to obtain a medical certificate, visit [https://www.faa.gov/pilots/medical\\_certification](https://www.faa.gov/pilots/medical_certification)
  - Accepted military equivalent: Flight medical (AF FORM 2992) for GOV PILOTS ONLY
- Proof of Eligibility

Membership at Holloman Aero Club is open to the following personnel and some dependents. Please provide valid ID for proof of the following:

  - Active-Duty Military (all branches)
  - Retired Military (all branches)
  - DOD employees
  - NAF and APF employees
  - DoD Contractors working on HMN
  - National Guard or Reserves
  - Honorably discharged Veterans
  - Civil Air Patrol members
- TSA Requirements:
  - Any student seeking a private pilot certificate must provide proof of US or FOREIGN citizenship prior to flight training.
  - Proof of citizenship includes birth certificate or a valid passport.
  - If a student is not a US citizen they must register at <https://fts.tsa.dhs.gov/home> to gain approval from TSA prior to flight training.



**HOLLOWAN AFB AERO CLUB**  
**420 DELAWARE AVE. BUILDING 283 HOLLOWAN**  
**AFB, NM 88330**  
**(575) 572-3752**

**MEMBER RESPONSIBILITIES AND OBLIGATIONS**

1. I understand that dues will automatically be charged each month on the 15<sup>th</sup> or the following business day until I resign my membership. I also understand that I am obligated to pay these dues whether I utilize the facilities and equipment during that month or not.
2. I understand that attendance of the Aero Club safety meetings that occur every other month is mandatory and that failure to attend two consecutive meetings will result in being grounded until such time as I receive documented briefings on the missed meeting and attend a regular safety meeting. (Exceptions may apply. Must coordinate with Club Manager/ Ops Assistant/ Chief Instructor.)
3. I understand that I must clear my account with the Holloman Aero Club and resign my membership prior to leaving Holloman AFB. A letter of Good Standing will only be issued when my account is cleared, and the proper resignation forms are completed prior to departure.
4. I understand that as a member of the club I must be familiar with all club rules and regulations. I will regularly review the Standard Operating Procedures for changes. DAFMAN 34-152 and FAR/AIM should be reviewed regularly.
5. I understand that as a member in good standing I will volunteer time for club duties. Volunteer time may include washing/cleaning aircraft, servicing tires, cleaning hanger floor, and any other special projects delegated by management. All time will be logged by management.

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

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