

# Air Capital Aviators Club

## MEMBERSHIP APPLICATION

Type or print legibly on this application. Return the completed application with first month's dues (\$55) and non-refundable initiation fee (\$300) (Initiation Fee Option: Submit \$150 with Application, then \$75 for two months thereafter as stated in the ACAC Rules, Attachment A) to the ACAC Membership officer. Using the email below request membership officers postal mailing address. Family memberships add \$100.

**ACAC Membership Officer**  
**P.O. Box 9383, Wichita, KS 67277-0383**  
**email: [Membership@aircapitalaviators.club](mailto:Membership@aircapitalaviators.club)**

*Application must be filled out completely. Please allow two weeks for processing.*

### **General Information:**

Applicant's Name: \_\_\_\_\_  
DL # \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: (street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Primary E-mail address \_\_\_\_\_ Second E-Mail address \_\_\_\_\_

### **Type of Application:** Membership Eligibility (check one)

Former or current employee of company specified in Attachment A of ACAC Rules of Operation?

Yes (Company Member, CM) Company Name \_\_\_\_\_  
 No (Affiliate Member, AM)

### **Employment information:** (required for all applications)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### **Nearest Living Relative:**

Name: \_\_\_\_\_  
Address: (street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### **In Case of Emergency Notify:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Did an ACAC club member recruit you? (Check One)**

Yes If Yes specify Member Name here \_\_\_\_\_  
 No

# Air Capital Aviators Club MEMBERSHIP APPLICATION

## Flight Information:

Pilot Certificate # \_\_\_\_\_ Class Medical: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Date of Last Biennial: \_\_\_\_\_ Type of Aircraft Flown: \_\_\_\_\_

Ratings Held:  Student  Private  Commercial  Instrument  
 ATP  CFI  CFII  Multi  Other: \_\_\_\_\_

Flying Time (approx): Civil: \_\_\_\_\_ Military: \_\_\_\_\_ PIC: \_\_\_\_\_ Dual: \_\_\_\_\_

Night: \_\_\_\_\_ Instr: \_\_\_\_\_ X/C: \_\_\_\_\_ Multi: \_\_\_\_\_

1. Do you have a waiver or medical condition that will require one? Yes / No  
If "Yes," state waiver and date issued or condition below

2. Have you, or anyone in your family, previously held membership in ACAC? Yes / No  
If "yes", list names, dates and reasons for leaving below

3. Have you rented aircraft from another Club or FBO in the past two years? Yes / No  
If "yes", list references and dates below

**Within the past 36 months, have you:**

4. Been cancelled, declined, or refused renewal on an aircraft insurance policy? Yes / No

5. Had an aircraft accident, incident, or insurance claim? Yes / No

6. Had your pilot's or driver's license surrendered, suspended, or revoked? Yes / No

7. Been arrested or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol? Yes / No

8. Been convicted of, or plead guilty or "no contest" to a felony or misdemeanor other than parking violations? Yes / No

**Please explain fully any "Yes" answers to the questions above and indicate question number:**

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*If more room is needed to answer the above questions, use the back of this page.*

# Air Capital Aviators Club MEMBERSHIP APPLICATION

## Financial Agreement

**Credit Information:** *(This information must be filled out for application approval)*

Last 4 digits of SSN# for Applicant (Parent or Legal Guardian if applicable) \_\_\_\_\_

Have you ever been a party in a bankruptcy, wage assignment, collection suit or foreclosure? \_\_\_\_\_

If "yes", give details:

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### **Statement of Understanding:**

I have read and understand the Rules of Operations and Bylaws of the Air Capital Aviators Club, and amendments thereto and agree to adhere to and be governed by them at all times while exercising my privileges as a member of this Club. I understand that the above named Club is a non-profit corporation under the laws of the State of Kansas, and is totally independent and distinct from any for-profit corporation. I further understand and agree that should I become a member of the above named Club, I shall forfeit all my privileges as a member of the Club if a Club aircraft is flown or operated by me, or permitted by me to be flown or operated, either on the ground or in the air, in violation of Federal Aviation Regulations, Club Rules of Operations or amendments thereto.

I further agree that when I operate the aircraft owned or controlled by the Club, that such operations will not lead to personal liability of the Club or its members and I hereby so specifically relieve and indemnify the Club and its members from any liability from my operations of Club owned or leased aircraft. I agree that any passenger carried while I am operating Club aircraft shall at no time be at risk of the Club or any member thereof.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Air Capital Aviators Club

## MEMBERSHIP APPLICATION

I understand that bills are due and payable in full within the month mailed by the Club.

**If my payment, via mail or Electronic Funds Transfer (EFT), is not postmarked or received during the month that the Club mailed my bill, I shall have my flying privileges suspended until the current balance is paid and I shall be assessed a late fee of 10% per month on the unpaid balance.**

If terminated or transferred, I will notify the Club Membership Officer *in writing* and pay the Club all financial obligations due it.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACAC Officer Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_ Date Application Effective: \_\_\_\_\_

The following endorsement is required if the applicant is under 18 years of age:

I, \_\_\_\_\_, the \_\_\_\_\_ (specify Father, Mother, Legal Guardian) of the applicant do hereby endorse and accept full responsibility for the applicant's action with respect to the Air Capital Aviators Club.

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

**RETURN THIS MEMBERSHIP APPLICATION WITH:**

- 1. Required fees per instructions located at the top of this Membership Application (Page 1)**
- 2. Signed Financial Agreement (Pages 3 and 4, sign both)**
- 3. Signed ACAC Liability Disclaimer (Page 5)**
- 4. Membership Questionnaire (Page 6)**

**REMEMBER TO SIGN AND DATE PAGES 3,4 and 5**

# Air Capital Aviators Club MEMBERSHIP APPLICATION

## ACAC Liability Disclaimer

### (Release, Hold Harmless and Indemnity Agreement)

I STATE THAT I WISH TO PARTICIPATE IN THE ACTIVITIES OF THE AIR CAPITAL AVIATORS CLUB, (HEREINAFTER "THE CLUB"). I RECOGNIZE THAT THE CLUB'S ACTIVITY MAY INVOLVE CERTAIN DANGERS. I CERTIFY THAT I AM AWARE OF ALL OF THE INHERENT DANGERS, INCLUDING BUT NOT LIMITED TO, INEXPERIENCE IN FLYING, ACCIDENTS OR SERIOUS INJURIES, THE FORCES OF NATURE, THE CONDITION OF THE PREMISES OR AIRCRAFT, AND THE ACTIONS OF PARTICIPANTS AND OTHER PERSONS INCURRED DURING THE CLUBS FLYING ACTIVITIES. IN ADDITION I ACCEPT AND UNDERSTAND THE INHERENT DANGERS OF THE FLY CLUB AND ACTIVITIES.

In consideration for the right to PARTICIPATE IN THE CLUB, I hereby RELEASE, HOLD HARMLESS AND INDEMNIFY THE CLUB, and its members, the Air Capital Aviators Club, from any and all liability, claims and causes of action arising out of or in any way connected with my participation in activities of the Club. I freely and voluntarily accept all risks of injury, death, financial loss or property damage and agree for myself and my heirs and minor children to RELEASE, HOLD HARMLESS AND INDEMNIFY THE CLUB, and its members, from any and all LIABILITY for PERSONAL INJURY, DEATH, FINANCIAL LOSS or PROPERTY DAMAGE, including any costs, expenses or reasonable attorneys' fees incurred in connection with such claims, RESULTING FROM NEGLIGENCE or otherwise.

*(Parents or legal guardians must sign for all persons under eighteen (18) years of age.)*

*If I am signing on behalf of a minor, I acknowledge that I am releasing and indemnifying against any and all claims that I may have as the minor's parent or legal guardian, whether or not the release of the minor's own claims is found to be enforceable under the applicable law. In the event that the release of the minor's own claims is held not to be enforceable, I AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY SUCH CLAIM OF THE MINOR AND TO RELEASE, HOLD HARMLESS AND INDEMNIFY THE CLUB, AND ITS MEMBERS, FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, DEATH, FINANCIAL LOSS OR PROPERTY DAMAGE, INCLUDING ANY COSTS, EXPENSES OR REASONABLE ATTORNEYS' FEES INCURRED IN CONNECTION WITH SUCH CLAIMS, RESULTING FROM NEGLIGENCE OR OTHERWISE ARISING FROM THE CLUB'S ACTIVITIES.*

*I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS "RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT" BY READING IT BEFORE I SIGNED IT.*

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

(Parent or legal guardian for children under 18)

# Air Capital Aviators Club MEMBERSHIP APPLICATION

## Questionnaire

1) How did you find out about the ACAC club?

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2) What influenced your decision to request membership in the ACAC club?

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3) What are your goals as a member of the club?

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4) What are your expectations as a member of the club?

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5) What can the club expect from you as a member?

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6) Which club aircraft do you plan to fly?

- Cessna 172       Cessna 182RG

7) What kind of flying do you anticipate doing as a member of the club?

- Training     Local Flights     Cross Country     Other \_\_\_\_\_

8) How long do you plan to be a member? \_\_\_\_\_

9) How long have you been with your current employer? \_\_\_\_\_

10) As a club member, you are expected to donate time to help keep the cost of flying down. What type of activities do you plan to help with?

- Cleaning Aircraft     Helping with Events     Participating in Events     Maintenance  
 Running for a future Board Position     Other : \_\_\_\_\_

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11) Do you have an idea of how many hours you will fly and what you expect to spend?

Average hours per month \_\_\_\_\_ Dollars per month \_\_\_\_\_

12) Do you understand the 10% late fee on payments not post marked or received before month end?

Yes \_\_\_ No \_\_\_