

WELCOME TO THE ROCKY MOUNTAIN USAF FLIGHT TRAINING CENTER

719-556-4310

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

- ☐ Membership Application, AF Form 1710 (See attached)
- ☐ Proof of eligibility (DoD ID card)
- ☐ Driver's license
- ☐ Letter of Good Standing (if coming from another Aero Club)
- ☐ Copies of Pilot and Medical Certificates (if applicable)
- ☐ Covenant Not to Sue, AF Form 1585 (See attached)
- ☐ Credit Card Authorization Sheet (See attached)
- ☐ Payment of \$50 Initiation Fee (unless waived with a Letter of Good Standing)
- ☐ Payment of 1st month's dues of \$25
- ☐ An original birth certificate or passport
- ☐ VA Benefits Acknowledgment form (if using)

When you have the above checklist completed and are prepared to pay your 1st month's dues and initiation fee (if applicable), please see the operations clerk at the front desk from 0900-1430 M-F. You may also scan and email your packet and required documents to:

Melissa Hilker

melissa.hilker@spaceforce.mil

Payments will be taken using your signed Credit Card Authorization when you start flying.

For questions about membership, billing, VA Benefits—Post-9/11 or Montgomery, Voc Rehab, Airforce Credentialing/Cool, Army Credentialing/Cool, or Scholarships, please call or email:

Meagen Liggins

719-556-4310 (Office), 757-751-4286 (cell), meagen.liggins@spaceforce.mil

For a list of courses offered, as well as current aircraft rates, please visit our website:
www.rockymountainflight.com

Thank you for your cooperation!

MEMBERSHIP APPLICATION		Rocky Mtn. USSF Flight Training Center/ Peterson AFB AERO CLUB		DATE	
<p><i>AUTHORITY: 10 USC 8012, Secretary of the Air Force: powers and duties; delegation by.</i> <i>PRINCIPAL PURPOSE(S): To determine individual's eligibility for aero club membership and past flying experience.</i> <i>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.</i> <i>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.</i> <i>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.</i></p>					
NAME (Last, First, Middle Initial)			GRADE		SSN Not Required
MAILING ADDRESS (Number, Street, City, State, Zip Code)			HOME PHONE		DATE OF BIRTH
DUTY ADDRESS		DUTY PHONE	IDENTIFICATION CARD NO.		DATE SEPARATED FROM ACTIVE DUTY
TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> INTRODUCTORY		BASIS OF ELIGIBILITY <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
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 Not Required	RELATIONSHIP	
RESERVE/NATIONAL GUARD PERSONNEL					
<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
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 <u>Rocky Mtn Flight Training Center/ Peterson</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)		
FOR OFFICE USE ONLY					
LETTER OF GOOD STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO		MEMBERSHIP CARD NO.		MANAGER'S SIGNATURE	
				DATE	

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

Rocky Mt. Flight Training Center/ Peterson AERO Club

I. AGREEMENT

I, *(Print Name)*

am about to voluntarily participate in various activities,

Rocky Mt. Flight Training Center/ Peterson

including flying activities, of the _____ 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 _____ Rocky Mt. Flight Training Center/ Peterson _____ 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

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

Rocky Mountain Flight Training Center
Peterson SFB, CO 80914

I, _____,

Flight Training Center account number _____, authorize the Rocky Mountain USAF Flight Training Center to charge my Visa, MasterCard, or American Express account for my monthly dues, purchases, training, and aircraft rental. I understand it is my responsibility to inform the Flight Training Center's Office Staff of any credit card changes, new expiration dates, or cancellation due to PCS, deployment, etc. I also authorize corrections to be made to my account by the Office Staff (credits or debits).

This credit card number is protected by the Privacy Act.

I wish to use the following card: (Circle One)

VISA

MASTER CARD

AMERICAN EXPRESS

Account Number _____

Expiration Date _____

Security Code _____

Billing Zip Code _____

Signature _____

Date _____

Phone Number _____

Email Address _____

TYPE OF FLIGHT INSTRUCTION REQUESTING IF ANY

PRIVATE

INSTRUMENT

COMMERCIAL

ATP

ROTOR TO FIXED

CFI

OTHER-LOCAL

CHECKOUT/AIRCRAFT



FOR OFFICIAL USE ONLY
DEPARTMENT OF THE AIR FORCE
UNITED STATES SPACE FORCE
SPACE BASE DELTA 1

2023

MEMORANDUM FOR RECORD

FROM: Rocky Mountain USAF Flight Training Center

SUBJECT: VA benefits acknowledgment

I _____
(Name) (Social Security Number for VA enrollment)

have reviewed the veteran information bulletin (VIB) that addresses school policies, program hour requirements, program costs, academic year cap, program cost/hour caps, VA-medical requirements (FAA class 1 needed for ATP, FAA class 1 or FAA class 2 needed for all others).

_____ I understand that I am required to get and FAA class 1 or class 2 medical prior to enrollment with the VA. Medical must be dated before first VA flight.

_____ I understand that I am required to have a current class 1 medical during the entire ATP course. If there is a break in training the ATP is only current for 6 months.

_____ I understand that I am required to have a current class 2 medical during the entire duration of all courses except ATP. Class 2 medicals are only active for 1 year.

_____ I understand that if the VA does not pay RMFTC (Peterson Aero Club) for all or part of my flight training balance, I will be responsible for the entire unpaid portion.

_____ I am aware that at any given time I will be allowed to look through my VA folder to see what is being billed.

_____ I understand that if I choose to fly at RMFTC prior to enrollment in a VA course, I am responsible for the cost of the flights.

_____ I understand that if there is a lapse in training the VA does not pay for currency flights.

_____ I understand that if I go over the hours listed in the VIB that I will be responsible for the additional costs regardless of weather, maintenance or scheduling conflicts.

Print

Sign

Date