

#### BEALE AERO CLUB FLIGHT TRAINING CENTER

1364 Sky Harbor Drive Olivehurst, CA 95961 (530)749-7696 BealeAeroClubFTC@gmail.com www.bealefss.com/aero-club

#### Welcome to the Beale Aero Club!

We love to fly and we love to share the experience of flight with our membership and community. Our instructors are all FAA certified and exceptionally qualified in all aspects of flight and ground training. We can help you obtain your pilot's certificate, maintain currency, complete flight reviews, imporve your skills and provide recreational aircraft rentals.

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

**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.

**INTRODUCTORY FLIGHTS** – Available for \$175! Includes approximately 45 minute flight and ground time. Contact the office for additional information and to schedule.

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

**BILLING** – Aircraft rental, instructional fees and supplies are charged to your credit card.

**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** – Online and in-person options are continuously available. Enrollment for ground school is on-going. Call for details and to enroll.

**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.



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Olivehurst, CA 95961
(530) 749-7696
BealeAeroClubFTC@gmail.com

# **Club Contact Information**

#### **Club Manager**

Jaclyn Fitzpatrick 530-749-7965

Jaclyn.Fitzpatrick.1@us.af.mil

#### **Office**

BealeAeroClubFTC@gmail.com 530-749-7696

#### **Operations Officer**

D'arcy McLeod (cell) 530-701-6694

# **Chief Flight Instructor**

Vaughn Schultz (cell) 530-713-1879



Wet Rates Per Hour Rates Effective 01 May 2023

	Cessna 172R Skyhawk Two 160 HP four-place	446AF (IFR) 448AF (IFR)primary trainer or personal use	\$ 120.00 \$ 120.00			
	Cessna T-41C (172G) 210 HP four-place per	7751L (IFR)sonal use or advanced trainer	\$ 125.00			
	Piper PA28-161 Warrior 161 HP four-place p	43124 (IFR)	\$ 120.00			
	Cessna 177RG Cardinal 200 HP four-place comp	2773V (IFR)plex IFR cross country w/ GPS	\$ 140.00			
Cross Country flights require a minimum rate of two hours per day.						
		uctor Fees s Per Hour				
Private Pilot & Advanced Rating.						
Ground Instruction.						
Gio		instruction charged per flight lesson.	\$ 45.00			
	Transmit of the mount of ground	msn wenon enangen per jugar tesson.				
	Othe	er Services				
Priv	ate Pilot Kit		\$275.00			
Introductory Flight (approx. 45 min.)			\$175.00			
Online Private Pilot Course						
		<b>Initiation Fees</b>				
Initiation Fee (paid with first month dues)						
Monthly Dues (Non-Flying)						
Monthly Dues (Flying - Military)						
Monthly Dues (Flying – Civilian)						
Monthly Dues (Flying- Dependents of a Member)						

Suspended dues for deployment or TDY with orders. No Pro-Rated monthly dues.

# Welcome to the Beale AFB Aero Club!

Attached you will 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. 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!



												DATE		
MEMBEI	RSHIP A	PPLIC/	ATION _		BEA]	LE	AFB	AERO	CLU	3		DATE		
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 maybe 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			
MAILING ADDRESS (Number, Street, City, State, Zip Code)  HOME						HOME P	HOME PHONE DATE C			F BIRTH				
DUTY ADDRESS					DUTY PHONE IDENTIFICATION.			ICATION	CARD	DATE SEPARATED FROM ACTIVE DUTY				
TYPE OF MEMBERSHIP  REGULAR  ACTIVE RETIRED  RETIRED MILITARY  RESERVE  INTRODUCTORY  DEPENDENT DOD/NAF  CIVILIAN  DATA FOR EMERGENCY NOTIFICATION														
NAME (Last, First, Middle Initial	)		ADDRESS	(Number, Str	eet, City,	State, Zip	o Code)		PHONE/	AREA CO	ODE	RELATIONS	SHIP	
				NSOR INFOR								T		
TYPE OR PRINT SPONSOR'S	NAME (Las	t, First, Mic	ldle Initial)					E (Only Required for Minors)				DATE		
ORGANIZATION					GRADE SSN				RELATIONSHIP					
T				SERVE/NAT										
OFFICIAL ORDERS STA														
I understand that should m manager and terminate my	y membersh	nip.	status char				or aero cli	ub memb	ership, it	is my re	sponsibility		aero club	)
TYPE OR PRINT NAME (Last,	First, Middle	e Initial)		SIG	NATURE	=						DATE		
FAA CERTIFICATE				PILOT CERT	IFICATION	ON INFO	DRMATION	N		0555	FIGATE(S)			
ATP COMMERCIAL	PRIVATE	STUDE	-NIT 🗆 c	CFI CFI		зм 🗆	NONE			CERTI	FICATE(S) I	NO.		
RATING: SEL	MEL			YING TIME	ТО		URS FLO	WN LAST	12					
DATE LAST BFR	□ INST □ OTHER (Specify)  DATE LAST BFR  FCC PERMIT GRANT DATE  FAA MEDICAL CERTIFICATE  DATE OF PHYSICAL													
CLASS CLASS						NO								
PLEASE ANSWER THE FOLLOWING QUESTIONS. HAVE YOU EVER BEEN:  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 use of manucinogens of dangerous drugs including manualar?  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 ail Air Force, FAA,														
State, and AERO Club Directives and that I am financially able to pay any forseeable 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)														
				FOR	OFFICE	E USE O	NLY							
LETTER OF GOOD STANDIN  YES NO	G ME	MBERSH	P CARD N	10.	MANAC	GER'S S	IGNATUR	E				DATE		

	COVENANT NOT TO SUE	AND INDEMNITY AGRI	EEMENT	
NOTE: Section II of this form on behalf of the minor. Comple	is to be completed for all minors, regardless ete one form for each person.	s of age and regardless of whet	her the parent has executed Sectio	n I
DATE	PLACE Beale Aero Club, Beale AFB, CA 95	5903		
I.		AGREEMENT		
I, (Print Name)			am about to voluntarily participa	nta in
various activities, including	flying activities, of the	Beale	Aero Club as a pilot, stude	
copilot, instructor, or passe myself, my heirs, administra any way aid in the institutio	enger. In consideration of the Aero Club ators, executors, and assigns, hereby on or prosecution of, any demand, claim cluding death) to my person or property	covenant and agree that I wiln, or suit against the US Gov	te in these activities, I, for ill never institute, prosecute, or invernment for any destruction,	in
•	rs, executors, or assigns should demar y heirs, administrators, executors, and y incur as a result thereof.	•	•	
destruction that may result	ree that I am freely assuming the risk on while participating in Aero Club activities sed by the negligence of the US Gover	es, including such injuries, d		
=	e that I may be held liable for any dama isconduct, dishonesty, or fraud, and for gence.	=		
The term US Government a	as used herein includes the	Beale	Aero Club and any	officer
	JS Government or the Aero Club, or an	y Aero Club member, partici	<del></del>	cineci,
DATE	SIGNATURE			
SIGNATURE OF AERO CLUB OI	- FFICIAL			
	tate age. If the minor is capable of signir by Harry Jones, his father" and sign belo	ow.	he is not capable, have parent sig	gn for the
II. FOR MINOR (Signature)	AGREEMENT	FOR MINOR PARTICIPANT		
FUN MIINUN (Signature)				
I/We,			_ , parent <i>(s)</i> of the above-name	ed minor
do hereby (1) consent to hi	m/her participating in the activities of th	ne	Beale	Aero Club.
· · · -	of the above agreement and adopt it as les or loss incurred by it for which this r			
DATE	PARENT'S SIGNATURE			



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

I	, have read and understand
the Beale Aero Club Standaro	d Operating Procedures (SOP), AFI 34-101
Chapter 10, and DAFMAN 34	4-152. I also understand that failure to
comply with these regulations	s may result in suspension or termination
from the club.	
Signed	
Date	



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

# **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 re	gulations may result in suspension or
termination from the club.	
Signed	
Date	



# **BEALE AERO CLUB**

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I	, authorize the Beale AFB Aero Club to charge
my VISA or Master Car	ed account for my dues, purchases, training, and aircraft rental. I athly dues will be charged to this account, unless I specify a
•	d my personal information is protected by the Privacy Act.
I want to use my:	a my personal miormation is protected by the riviney recu
•	VISA Card  Account #  Expiration Date  3 digit security code
	Master Card  Account #  Expiration Date
	American Express  Account #  Expiration Date  4 digit security code
Sign	ed

Date \_\_\_\_