AIR FORCE
AERO CLUB
FLIGHT TRAINING CENTER
BEALE AIR FORCE BASE

BEALE AERO CLUB FLIGHT TRAINING CENTER

1364 Sky Harbor Drive
Olivehurst, CA 95961
(530) 930-3135

BealeAeroClubFTC@gmail.com
www.bealefss.com/aero-club

Office Hours: Monday- Thursday 0900-1600
Friday 0900 - 1400
Classroom & Flight Hours: Available 7 days a week

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, improve 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 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 and advanced ratings such as Instrument Certification, Commercial, and CFI.

I**NTRODUCTORY FLIGHTS** – Available for $195! Includes approximately 45 minutes 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 on-line. You can also call the office or the instructor you would like to fly with for assistance.

SAFETY MEETINGS – Attendance is mandatory to keep your membership in good standing. The meeting is typically held the last Saturday, every-other month at 0900.

GROUND SCHOOL – Online and in-person options are continuously available. Call for details and to enroll.

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Contact Information

Aero Club Manager

Samuel Bishop 530-930-3135
Samuel.bishop.4@us.af.mil

Office

BealeAeroClubFTC@gmail.com 530-956-5741

Operations Officer

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

Chief Flight Instructor

Vaughn Schultz (cell) 530-713-1879

* Additional Flight Instructor & Staff Contact Information available on Flight Schedule Pro

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Member Rental Rates

Per Hour Wet Rates
Effective 01 March 2025



Cessna 172R Skyhawk 446AF (IFR)……..…….. $ 120.00
448AF (IFR)……..….. $ 120.00
Two 160 HP four-place primary trainer or personal use



Cessna T-41C (172G) 7751L (IFR)…….…… $ 125.00
210 HP four-place personal use or advanced trainer



Piper PA28-161 Warrior 43124 (IFR)……..... $ 120.00
161 HP four-place personal use trainer aircraft



Cessna 177RG Cardinal 2773V (IFR)……..…….. $ 140.00
200 HP four-place complex IFR cross country w/ GPS
Cross Country flights require a minimum rate of two hours per day.

Instructor Fees

Rates Per Hour

Private Pilot & Advanced Rating Ground Instruction…… $ 55.00

Minimum 0.5 hours of ground instruction charged per flight lesson.

Other Services

Private Pilot Kit…….	$275.00
Introductory Flight (approx. 45 min.)..…….	$195.00
Online Private Pilot Course ……...	$275.00

Dues and Initiation Fees

Initiation Fee ……..……..……..	$25.00
Monthly Dues (Non-Flying) ……..……..	$20.00
Monthly Dues (Flying - Military/ROTC) …..……..	$43.00
Monthly Dues (Flying – CAP)...……..…….…….…….	$53.00
Monthly Dues (Flying- Dependents of a Member of the Club) ….....……	$10.00

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

Welcome to the Beale AFB Aero Club Flight Training Center!

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 Form
- ❑ 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
- ❑ 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 every other month and they are REQUIRED!

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MEMBERSHIP APPLICATION BEALE **AFB AERO CLUB** DATE

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.

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
☐ REGULAR
☐ INTRODUCTORY

BASIS OF ELIGIBILITY
☐ ACTIVE RETIRED ☐ RETIRED MILITARY ☐ RESERVE
☐ DEPENDENT DOD/NAF ☐ CIVILIAN EMPLOYEE ☐ 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	DOD ID	RELATIONSHIP

RESERVE/NATIONAL GUARD PERSONNEL

☐ 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
____ATP ____COMMERCIAL ____PRIVATE ____STUDENT ____CFI ____CF II ____GSM ____NONE

RATING: ____SEL ____MEL
____INST ____OTHER *(Specify)*

TOTAL HOURS FLYING TIME

TOTAL HOURS FLOWN LAST 12 MONTHS

CERTIFICATE(S) NO.

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, dangerous drugs or marijuana?	☐	☐
G. Convicted of serious alcohol-related charges such as operating motor vehicle under influence of alcohol?	☐	☐

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 foreseeable 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 USE ONLY

LETTER OF GOOD STANDING ☐ YES ☐ 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
	Beale Aero Club, Beale AFB, CA 95903

I. AGREEMENT

I, *(Print Name)* _____ am about to voluntarily participate in various activities, including flying activities, of the Beale 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 for 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 Beale 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 or otherwise.

DATE	SIGNATURE

SIGNATURE OF AERO CLUB OFFICIAL

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

II. AGREEMENT FOR MINOR PARTICIPANT

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 Beale 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 21 years of age.

DATE	PARENT'S SIGNATURE

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I_____, have read and understand the Beale Aero Club Standard Operating Procedures (SOP), DAFI 34-101, Chapter 10, and DAFMAN 34-152. I understand that failure to comply with these regulations may result in suspension or termination from the club.

_____(Initial) I understand that to cancel my membership, I must inform management in writing by the seventh day of the month.

_____(Initial) I understand that I will be billed at least one time monthly for aircraft rental and instruction fees. Cancellation of my membership does not void any outstanding fees/charges.

Signed _____

Date _____



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I_____, authorize the Beale AFB Aero Club Flight Training Center to charge my credit/debit card account for dues, instruction, rental fees, etc accrued under (circle one) my/another's account. I understand that accrued monthly dues will only be charged to the account specified below. I understand that it is my responsibility to notify the Aero Club in writing of any information changes regarding my credit/debit card. I understand that my personal information is protected by the Privacy Act.

Signature of Card Holder :_____Date:_____

Name of Club Member if different:_____

Information below this line to be detached and destroyed by Aero Club official. Do not send private payment information through email.

Name as it appears on credit/debit card: _____

Credit/Debit Card Number: _____

Expiration Date: _____

Security Code: _____

___Visa ___ Master Card ___ American Express