



# Member Application Packet

This is your membership application packet. The Board of Directors considers new member applications at its regular monthly meeting.

The deadline for applications is the last Monday of the month.

**Air-Spacers Flying Club will not process your membership application until all documents have been received, including application fee.** Please use the check list, below.

Thank you for your application to Air-Spacers Flying Club.



**Transportation  
Security  
Administration**

TSA regulations require all pilots to provide ALL documents listed in this application before joining any flight training facility. Air-Spacers, Inc. is NOT a training facility, such as a flight school; however, initial pilot and re-current training is available to members of Air-Spacers, Inc.

## All Applicants:

- Completed Application Packet
  - Membership Application
  - Proof of Citizenship  
(Birth certificate or Passport)
  - Application Fee Payment

## Student Pilots:

- Student Certificate/Medical  
Note: Students may apply without a certificate, but will be required to get one after joining.

## Pilots:

- Pilot's License
- Medical Certificate
- BFR - Biennial Flight Review



# Membership Application Air-Spacers, Inc.

Date received stamp

### Member Information - Please Print, using black or blue ink.

Name: \_\_\_\_\_ Phone #1 (best): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Male  Female   
 Social Security No.: \_\_\_\_\_ Drivers' License No.: \_\_\_\_\_  
 Marital status: \_\_\_\_\_ No. of dependents: \_\_\_\_\_ Home: Own  Rent  Years there: \_\_\_\_\_

### Emergency Contact & Personal References

In case of Emergency, please notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Employer Information

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Years with Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

### Pilot Information (Student pilots please answer all that apply.)

FULL name on license: \_\_\_\_\_  
 License No. \_\_\_\_\_ Date of issue: \_\_\_\_\_ Medical Certificate \_\_\_\_\_ class.  
 Certificate:  Student  Private  Commercial  ATP Ratings: \_\_\_\_\_  
 Expires: \_\_\_\_\_ Last BFR: \_\_\_\_\_ BFR Expires: \_\_\_\_\_  
 Total hours: \_\_\_\_\_ Last 90 days: \_\_\_\_\_ Last 6 months: \_\_\_\_\_ Last year: \_\_\_\_\_  
 Hours fixed gear: \_\_\_\_\_ Hours retractable gear: \_\_\_\_\_  
 Limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 Accidents/Suspensions: (State each instance - if none, write none - Use a separate sheet if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Membership Application Air-Spacers, Inc.

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I, \_\_\_\_\_, am applying for membership in Air-Spacers, Inc. dba, Air-Spacers Flying Club at SMO, as a:  Student Pilot  Certificated Pilot.

In consideration of my membership in Air-Spacers, Inc. and use of corporation aircraft made available to me, I hereby agree to the following:

1. My equity share buy-in secures my membership and establishes my account in Air-Spacers, Inc.
2. I have read, will comply with and be bound by the Bylaws and Operating Rules of the Corporation and their amendments, as presently adopted, revised and amended in the future.
3. I will maintain my account in good standing by promptly paying all financial obligations on my account including, but not limited to: equity share, monthly dues, flying charges, assessments, penalties and fines and all other charges that I might incur as a member of the Corporation.
4. I understand that ***I may lose my entire equity share if I become delinquent in my account*** and as described in the Corporation's Bylaws and Operating Rules.
5. I will give at least two (2) hours of my time, within each six (6) month period, in club service.
6. My membership is subject to a probation period of three (3) monthly billing periods and my attendance at three (3) regular monthly club meetings.
7. I will be responsible for any legal fees and court costs incurred by the Corporation for the collection of my debts to the Corporation.
8. I will observe and comply with all of the following: Federal Aviation Administration regulations, state and local air regulations, manufacturers' operating procedures and all Corporation safety rules, procedures and policies.
9. I will accept full responsibility for the use and operation of all corporation aircraft, its equipment and accessories in my possession and control.
10. I will indemnify and hold harmless, the Corporation from any and all losses, damages and attorney's fees resulting from the use and operation of corporation aircraft, its equipment and accessories in my possession and control.
11. Except in an emergency, I will land only at public, hard surface airports as published in the FAA Airport/Facilities Directory.
12. Except in an emergency, I will be entirely responsible for all damage incurred when landing at other than hard surfaced airports or landing strips.
13. I understand I may exit the Corporation only when a buyer is present to purchase my membership.
14. I understand the Corporation is the sole broker for all memberships and does not buy back memberships.
15. I understand that my equity share will be paid back to me only when my membership is sold, and all my outstanding debts to the Corporation have been paid and my aircraft keys have been returned.

To ensure privacy, Air-Spacers, Inc. will not make this information public and use it only as needed for verification.

I certify that the information contained in this membership application is true and correct to the best of my ability and authorize Air-Spacers Inc. to make any inquires as necessary, including review of my pilot record with the FAA.

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

Copies of the following documents must be attached to this application.

- Proof of Citizenship - Passport or birth certificate
- Drivers' License
- Student Pilots
  - Student Certificate/Medical
- Certificated Pilots
  - Pilot's License Certificate
  - Medical Certificate
  - BFR - Biennial Flight Review

Please mail complete application to:

Membership Chair  
Air-Spacers, Inc.  
3025 Airport Ave #11  
Santa Monica, CA 90405