

CAPE FEAR FLYING CLUB, INC
APPLICATION FOR FLYING MEMBERSHIP

NAME (Last, First M.I.): _____

TELE HOME: _____ WORK: _____ CELL: _____

ADDRESS: _____

EMAIL: _____ US CITIZEN? Y / N

SOCIAL SECURITY NUMBER (needed for driving record report): _____

DATE OF BIRTH _____ NC DRIVERS LICENSE # _____

PILOT CERTIFICATE(S) HELD: PVT COM ATP CFI CFI-I

PILOT CERTIFICATE NUMBER _____

INSTRUMENT RATED? Y / N OTHER RATINGS _____

MEDICAL CLASS: _____ EXPIRES: _____

LAST FLIGHT REVIEW: _____ TOTAL HOURS: _____ DA40 HOURS: _____

Has your driver's license ever been revoked or suspended? Y ___ / N

As pilot in command or as co-pilot have you had or been involved in an aircraft incident or accident? Y ___ / N

As pilot in command or as co-pilot have you been found guilty of violating a Federal Aviation Regulation? Y ___ / N

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? Y ___ / N

EMERGENCY CONTACT: _____ Relationship _____

TELE HOME: _____ WORK: _____ CELL: _____

COMMITTEES ON WHICH YOU WOULD BE WILLING TO SERVE:

Legal/Insurance/Bylaws _____ Technology _____ Training/Safety _____

Membership/Activities _____ Financial _____ Other _____

The undersigned hereby declares that the representations of fact contained in the foregoing application are true and correct. I agree that if any information herein contained is false, the acceptance of membership made on the strength of this application may, at the option of the Board of Directors, may be terminated at any time.

Initial: _____

Applicants are advised and agree that the Flying Club may investigate to the extent reasonably necessary the Applicant's worthiness for membership, and gives permission to seek reports from any governmental entity or law enforcement agency.

Initial: _____

Aircraft renter's insurance is optional but strongly encouraged. Members are required to acknowledge their responsibility for damage to the Club's aircraft as set forth in the CFFC Member Handbook.

Initial: _____

CFFC and aircraft owners shall not be responsible for any accident, incident, injury or death of a member or any passenger while a member is operating or riding in any aircraft owned or operated by CFFC. See the CFFC Member Handbook for Member Acceptance of Club Rules, Acknowledgement and Assumption of Risks.

Initial: _____

I understand that any false statement in this application or violation of rules is grounds for forfeiture of membership without recourse. I understand that I am responsible for knowing the club rules before flying and that I may not fly a Club aircraft solo until checked out by an authorized CFFC Club Approved CFI and approved by the Board of Directors.

Initial: _____

SIGNATURE _____

DATE _____

Renters Insurance: Members are strongly encouraged to obtain Non-Owned Aircraft Liability Insurance to include physical damage coverage to the non-owned aircraft. See the Insurance section of the Member Handbook.

Cost to join

\$250 application fee

\$500 first year dues (pro-rated depending on the month you join)

See table below for total amount (make check out to **Cape Fear Flying Club, INC.**)

Pro-rated dues: (dues are pro-rated depending on month in which you join; if joining September-December, dues are prepaid through the end of the following year.)

Joining in	Cost to Join
January	\$750
February	\$708
March	\$667
April	\$625
May	\$583
June	\$542
July	\$500
August	\$458
September	\$917
October	\$875
November	\$833
December	\$792

Please mail the completed application along with **copies of your drivers license, renters insurance** (if purchased), **pilot certificate** (front & back), **medical**, and most recent **flight review** (or equivalent), and check payment (made out to Cape Fear Flying Club, INC.) to:

Cape Fear Flying Club, Inc.
Zachary Piech, Treasurer
1919 Verrazzano Dr
Wilmington, NC 28405

Membership Term: Minimum Membership and Membership Renewal Term is 1 year.

OFFICE USE ONLY

Dues Received \$ _____

Date _____

Club Officer in Receipt of Funds _____

Signature _____

Cape Fear Flying Club, INC

DEBIT CARD Payment Authorization Form

Card will be adding to our online scheduling and payment system.

You authorize regularly scheduled charges to your checking/savings account via your debit card. You will be charged automatically for rental fees as they are incurred. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided for flying rental charges. (You will be notified in advance via email regarding upcoming annual dues charges.)

Please complete the information below:

I _____ authorize Cape Fear Flying Club, INC. to charge my debit card
(full name)

indicated below automatically for aircraft rental charges and annual dues.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

DEBIT CARDS ONLY (3% additional charges will apply if a credit card is specified)

Visa MasterCard

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Cape Fear Flying Club, INC. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Cape Fear Flying Club, INC. may at its discretion attempt to process the charge again within 30 days, and agree to an additional charges incurred by the Cape Fear Flying Club, INC. for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this debit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.