

CFI: \_\_\_\_\_ Activation Date: \_\_\_\_\_ Entered By: \_\_\_\_\_

## Advantage Aviation Inc.

1903 Embarcadero Road Palo Alto, CA 94303  
Phone (650) 494-7248 Fax (650) 856-6769  
www.advantage-aviation.com

### Application for Membership

New Membership: \_\_\_\_\_ Temporary Membership: \_\_\_\_\_ Re-Activated Membership: \_\_\_\_\_

**Personal Information \*\* (Any change of personal information REQUIRES notification to Advantage) \*\***

Name: last \_\_\_\_\_ first \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ (required for scheduling system)

Mailing Address: (if different from above)

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\* Proof of citizenship is required by the TSA \*\*\***

**Citizenship:** \_\_\_\_\_ Passport \_\_\_\_\_ or Birth certificate with picture ID \_\_\_\_\_

Student Pilot  Private Pilot  Commercial  Multi Engine  CFI

FAA Certificate (from Medical if student pilot) #: \_\_\_\_\_ Ratings: \_\_\_\_\_

Date of Last Medical (or Student Medical): \_\_\_\_\_

Total Flight Hours: \_\_\_\_\_ Date of Last Flight Review: \_\_\_\_\_ Flight Time in Last 6 Months: \_\_\_\_\_

Type of Aircraft Flown & Hours in Each (use reverse if needed):

A/C: \_\_\_\_\_ Hrs: \_\_\_\_\_ A/C: \_\_\_\_\_ Hrs: \_\_\_\_\_

A/C: \_\_\_\_\_ Hrs: \_\_\_\_\_ A/C: \_\_\_\_\_ Hrs: \_\_\_\_\_

List any FAA Violations or Aircraft Accidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Front Desk Use Only:**  CC in FCMS (swiped)  Dues Waived for Referral \_\_\_\_\_ For Mo/Year \_\_\_\_\_

**Scan and Enter:**  Initial Invoice in FCMS (Fee's)  Medical  License  BFR  Proof of Citizenship Club Requirement

TSA if applicable

Application Complete- All Pertinent Documents received (if not **highlight** items needed)!!!

**For CFI's:**  Current Instructor list (FULL/PART)  TSA Security & AC Checkout list

NOTES: \_\_\_\_\_

**Emergency Contact Information**

Name: last \_\_\_\_\_ first \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ other \_\_\_\_\_

Closest Relative (not living in household, not listed above):

Name: last \_\_\_\_\_ first \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ other \_\_\_\_\_

**Previous Flying Clubs**

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for

Leaving: \_\_\_\_\_

How did you hear about Advantage?  Walk IN  Website  Other: Please List - \_\_\_\_\_

**AGREEMENT TO CONDITIONS OF MEMBERSHIP**

The undersigned hereby agrees to the terms and conditions of membership in Advantage Aviation Inc. (the "Club") set forth below:

1. To be bound by the Club's By-Laws, a copy of which I acknowledge receiving, having read, and understood. I am aware that the Club's By-laws change periodically and it is my responsibility to familiarize myself with any of these changes.
2. To assume the responsibility of determining that each aircraft operated by the Club and flown by me is airworthy PRIOR to operation and to operate the aircraft in accordance with the FARs and Club By-Laws.
3. To permit only qualified Club members to operate any Advantage Aviation Inc. aircraft under my control.
4. To report to the Club all damages or malfunctions of which I become aware. Squawks are entered via the club's scheduling system
5. To assume liability for loss or damage to Club aircraft. I hereby agree to hold Advantage Aviation Inc., its members, employees, agents, and affiliates harmless from any liability resulting directly or indirectly from my operation of the aircraft to the extent such loss is not covered by the scope and limits with which I have acquainted myself and understand, including but not limited to the deductible portion of said policies.
6. To operate Club aircraft only when my Medical, Pilot's License, and Flight Reviews are current.
7. To pay Club invoices in full, monthly. I agree to pay a late charge of 2% per month or 22% per annum on any account over 30 days past due.
8. To pay a service charge of \$25 for all returned checks.
9. To pay reasonable attorney's fees and costs should any portion of this agreement have to be enforced against me by legal action.
10. To authorize Advantage Aviation Inc. to gather credit information in support of this application.
11. To authorize Advantage Aviation Inc. to charge any unpaid account balance to the credit card on file, including but not limited to, dues unpaid by the 7<sup>th</sup> of the month, after-hour flights and flights which go over the pre-paid credit balance on your account.
12. To submit a cancellation notice in writing by the first of the month to the club if I wish to avoid paying that month's dues.

NOTE: Members may only be authorized for certain club aircraft upon COMPLETION of an aircraft checkout, including at least completion of the written Club Checkout Form. The Club director, Chief Pilot and/or Flight Instructors shall determine the checkout requirements as per club By-Laws. The Checkout Form MUST be signed by an active club Instructor or Chief Pilot to be valid. The dispatcher shall have access to all records to quickly verify member's status.

"I certify that the information submitted by me to be correct and that I agree to the conditions of membership. Furthermore, I shall notify the club of any changes pertinent to this application and my membership status."

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES: \_\_\_\_\_