

# NORTH SHORE AERO CLUB, INC. - MEMBERSHIP APPLICATION

<b>APPLICANT INFORMATION</b>		Date:
First Name:	Middle:	Last Name:
Current address:		
City:	State:	ZIP Code:
Home phone:	Work phone:	Cell phone:
Personal E-mail:		
Former address:		
City:	State:	ZIP Code:
Emergency Contact Information (Name, Phone No., Relation, Address)		

<b>SHORT DURATION FAMILY MEMBERSHIP (SDFM) [FOR ACTIVE FULL-MEMBER DEPENDANTS ONLY]</b>		
Is this application for a NSAC Short Duration Family Membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, skip financial information, employment, and reference sections.

<b>FINANCIAL INFORMATION (SKIP IF SDFM APPLICANT)</b>		
Checking Held with:	Savings Held with:	Mortgage Held with:
Home (check one):	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents	

<b>EMPLOYMENT INFORMATION (SKIP IF SDFM APPLICANT)</b>		
Employer:	Position:	How Long:
Employer address:		
City:	State:	ZIP Code:
Previous Employer:	Position:	How Long:
Previous Employer:	Position:	How Long:

<b>REFERENCES (SKIP IF SDFM APPLICANT)</b>		
Please list three personal references, other than relatives, who have known you for five years and will vouch for your character.		
Name:	Telephone:	Address:
Occupation:		
Name:	Telephone:	Address:
Occupation:		
Name:	Telephone:	Address:
Occupation:		

PLEASE ANSWER THE FOLLOWING		
	Yes	No
Have you <u>ever</u> been involved in an aircraft accident, incident or unreported claim? If "YES" please elaborate on a separate sheet of paper and attach to application.		
Have you <u>ever</u> had your pilot's or driver's license surrendered, suspended or revoked; or, been arrested for or charged with operating an aircraft or motor vehicle under the influence of alcohol? If "YES" please elaborate on a separate sheet of paper and attach to application.		
Have you received a ticket for a moving violation within the <u>last two</u> years? If "YES" please elaborate on a separate sheet of paper and attach to application.		
Do you have a criminal record? If "YES" please elaborate on a separate sheet of paper and attach to application.		

STUDENT OR PILOT LICENSE (ATTACH PHOTO COPY)		Verified: <input type="checkbox"/>
FAA Pilot Certificate Number:	Date of Issue:	
Class (Check one):	<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> PVT <input type="checkbox"/> COMM <input type="checkbox"/> ATP	
Ratings (check all that apply):	<input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> INST <input type="checkbox"/> Other: _____ <input type="checkbox"/> CFI-ASE <input type="checkbox"/> CFI-AME <input type="checkbox"/> CFI-INST <input type="checkbox"/> EXP: _____	

FAA MEDICAL (ATTACH PHOTO COPY)		Verified: <input type="checkbox"/>
Medical #:	Date of Issue:	Expiration Date:
Class (Check one):	<input type="checkbox"/> None <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III	

LAST FLIGHT REVIEW OR RATING (ATTACH LOGBOOK PHOTO COPY)		Verified: <input type="checkbox"/>
Date:	<input type="checkbox"/> BFR <input type="checkbox"/> Rating	BFR Expiration:

FLIGHT TIME (ATTACH LOGBOOK PHOTO COPY – LAST 2 PAGES)		Verified: <input type="checkbox"/>
Total:	Dual:	PIC/Solo:

DRIVER'S LICENSE (BRING ORIGINAL IN PERSON)		SDFM/None: <input type="checkbox"/>	Verified: <input type="checkbox"/>
License #:	State:	Expiration Date:	

PROOF OF CITIZENSHIP (BRING ORIGINAL IN PERSON)		Verified: <input type="checkbox"/>
Country of Citizenship:	Type of Document: <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate	
Document #:	Date of Issue:	Birth Date:

<b>VERIFIED BY:</b>  (Verification to be completed by NSAC)	<b>DATE:</b>
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**Note: Please bring ORIGINALS of Driver License and Proof of Citizenship to Board Member or Flight Instructor for verification. ORIGINALS must be inspected but copies will not be maintained by the club.**

**SIGNATURES**

I, \_\_\_\_\_ hereby state that all of the information provided to North Shore Aero Club, Inc. is true to the best of my knowledge. I authorize the North Shore Aero Club, Inc. or its representatives to contact any references in order to verify the information given. I have read the North Shore Aero Club Constitution, Operating Laws and Rules and agree to abide by them should my application be accepted. I further acknowledge my financial obligation to pay all charges incurred by me within the time period allowed. I understand that I will be liable for any finance charges applied if my account is overdue.

I further understand that, if accepted, my membership is probationary for a period of ninety (90) days and that my membership may be revoked and the initiation fee refunded, less any charges unpaid, at the discretion of the Board of Directors of the North Shore Aero Club.

I also hereby release, indemnify, and hold harmless North Shore Aero Club, Inc. and their agents, employees, officers, directors, members, and assigns for any injury, damage, loss, cost or liability arising from my participation in the North Shore Aero Club, Inc., whether or not arising out of the negligence, actual or imputed, of North Shore Aero Club, Inc. or their agents, employees, officers, directors, members or assigns.

Signature of applicant:	Date:
Signature of sponsor:	Date:
Board Member : (Attest that board has voted to approve applicant as a member)	Date:

**SHORT DURATION FAMILY MEMBERSHIP (SDFM) ROOT MEMBER FINANCIAL OBLIGATION**

I, \_\_\_\_\_, will be held liable for financial obligation of the NSAC SDFM sponsored member and pay any outstanding financial obligations when due or immediately when notified by the board that an SDFM member is in arrears.

Signature of NSAC Active Full-Member:	Date:
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**MEMBERSHIP PREREQUISITES**

1. Completion of an application.
2. Forward application to a Board Member or address listed.
3. An affirmative vote by the Board.
4. Payment of one quarter's dues in advance; \$270.00.
5. Payment of the \$750.00 initiation fee & \$750.00 refundable bond. (Note: Total due is \$1,750)
6. For Short Duration Family Membership:
  - a. 50% Dues for three months paid up front (non-refundable); \$187.50
  - b. Increase in refundable member bond; \$375

<p><b>Attach check and return to:</b>  <b>North Shore Aero Club</b>  <b>P.O. Box 370</b>  <b>Beverly, MA 01915</b></p>	<p>TREASURER USE (amount paid):</p> <p><input type="checkbox"/> Bond _____</p> <p><input type="checkbox"/> Initiation fee _____</p> <p><input type="checkbox"/> 1st Month Dues _____</p> <p>Check # _____</p>
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**VOLUNTEERING**

North Shore Aero Club is a volunteer run organization. Although there are no minimum volunteer hours or requirements to do so, volunteering for general duties or those specific to an area of expertise is greatly appreciated. Below or on an additional page, please describe any experience, training or expertise that you are willing to contribute to the Club. Thank you.

**SHORT TERM FAMILY MEMBERSHIP  
AGREEMENT TO WAIVE LIABILITY, ASSUME RISK, AND INDEMNIFY;  
RELEASE FOR USE OF PHOTOS AND IMAGES**

The minor listed below (The "Participant") wants to take part in the North Shore Aero Club, Inc. ("NSAC") Short Term Family Membership program, including riding in an airplane, ground instruction, and flight instruction. The Short Duration Family Membership ("SDFM") program is conducted by NSAC member pilots and/or instructors who are licensed by the Federal Aviation Administration ("FAA"). These pilots fly a wide variety of aircraft that are also licensed by the FAA. I represent and warrant that I am the Participant's parent or legal guardian and that I have the authority to enter into this agreement on behalf of the Participant. In exchange for being allowed to take part in the SDFM program, the Participant and I agree as follows:

**ASSUMPTION OF RISK**

The Participant and I understand that flying in airplanes and being around airplanes involves risks. Serious injury or death can result from many causes, including without limitation airplane crashes, falls, pilot error, ground crew error, engine or mechanical failure, negligent maintenance, defects in runways, interference by wildlife and other objects, difficult search and rescue conditions, inadequate emergency response, weather or terrain conditions, contaminated fuel, or hard or forced landings. Injuries could be minor such as bruises, scratches and sprains, major such as eye injuries, broken bones and concussions, or catastrophic such as paralysis, severe burns or death. If the Participant is old enough to understand these risks, I have explained them to him or her. **The Participant and I (for ourselves, our heirs, family members, personal representatives and assigns) assume all risks and full responsibility for any injury or death arising from taking part in the NSAC SDFM program including riding and/or taking lessons in an airplane.**

**AGREEMENT TO WAIVE LIABILITY AND NOT TO SUE**

**The Participant and I (for ourselves, our heirs, family members, personal representatives and assigns) release and discharge: (a) North Shore Aero Club, Inc.; and (b) the officers, directors, members, chapters, employees, agents, divisions, affiliates and volunteers (including pilots, owners and operators of airplanes used in the NSAC SDFM program) of each of those corporations (collectively, the "Releasees") from, and agree not to sue the Releasees or any of them for, any and all claims against any of the Releasees for any injury or death arising from the Participant's participation in the NSAC SDFM program.** This release, discharge and agreement not to sue applies to all legal rights, including those resulting from any negligence of Releasees, other than those resulting from the gross negligence or willful misconduct of such Releasee.

**INDEMNIFICATION**

**The Participant and I agree to indemnify and hold the Releasees harmless** from any claims, costs, damages, and liabilities, including attorney's fees, arising from taking part in the NSAC SDFM program. **This duty to indemnify and hold the Releasees harmless applies even if any of the Releasees is negligent; however, indemnification of any Releasee is not required if such Releasee is grossly negligent or has engaged in willful misconduct.**

**PHOTO AND IMAGE RELEASE**

The Participant and I hereby give the Releasees the absolute and irrevocable right and permission to use photographs, pictures and/or images of the Participant taken at or derived from his or her participation in the NSAC SDFM program (the "Images") in whole or in part, with or without alteration or modification, in any and/or all manner and in any and/or all media, in connection with the club activities, programs, publications and publicity.

**LEGAL ADVICE**

I know that I can talk to my legal advisor about this Agreement and I have either done so or chosen not to. I understand that I have the right and have been given the opportunity to object to and bargain about the provisions of this Agreement. **I am voluntarily signing this Agreement and intend it to be the unconditional release of all liability to the greatest extent allowed by law.**

**Before Signing. Carefully Read This Entire Agreement**

**Note from NSAC Board: If an accident were to occur, you and the Participant (by signing this Agreement) would be giving up legal rights and incurring legal liabilities.** If any part of this Agreement is held invalid, the rest of the provisions shall remain in effect. **If you do not understand anything in this Agreement, you should not sign it and you should talk to your legal advisor.** This agreement is not intended to reduce or eliminate any insurance collectable under the NSAC aircraft insurance member policy up to the insurance limits carried.

Parent or Guardian Signature:	Minor's Printed Name:
Parent or Guardian Printed Name:	Date:

Background Questions Supplement

1) Why do you want to join the club?

2) What do you foresee as your intended use of the club planes (i.e. pursuing a rating, \$100 hamburger, weekend cross country flights, etc)?

## FORM INSTRUCTIONS

**Applicant:**

- 1) Complete all applicant information.
- 2) Sign and date.
- 3) Include copies of items listed.
- 4) Forward application, copies and payment to address listed.

**Treasurer:**

- 1) Inspect application.
- 2) Inspect copies.
- 3) Bring to board for approval or request email vote.
- 4) Call references and make recommendation to Board.
- 5) After approval, create member setup for billing and scheduling.
- 6) Provide copy (physical or electronic to board or CFI for in-person verification)

**Board:**

- 1) Review application.
- 2) Vote on approval.

**Board Member or CFI:**

- 1) Inspect photo ID. Verify against provided information.
- 2) Inspect Proof of Citizenship. Verify against provided information.
- 3) Inspect logbook and Pilot's license where applicable. Verify against provided information.
- 4) Sign and date verified information.
- 5) Complete aircraft checkout.

## REVISION CONTROL

Revision	Date	Modified By	Comments/Change
1	02/15/2012	T. Fasheh	Initial draft prepared for board review.
2	02/18/2012	T. Fasheh	Initial release with updates proposed by Chief Flight Instructor Dennis Silvario.
3	07/08/2014	T. Fasheh	<ol style="list-style-type: none"> <li>1) Added revision control block.</li> <li>2) Updated dollar figures to reflect change to \$70 monthly membership dues.</li> <li>3) Added Short Duration Family Membership and related field/amounts.</li> <li>4) Added liability release for minors under SDFM.</li> </ol>
4	08/16/2019	J. Silva	1) Updated dollar figures to reflect change to \$225 quarterly membership dues, including impact on SDFM (became effective May 1, 2019).
5	3/12/2021	J. Silva	1) Updated dollar figures to reflect change to \$240 quarterly dues and increased refundable bond of \$750.
6	10/11/2022	J. Silva	1) Updated dollar figures to reflect change to \$270 quarterly dues and increased initiation fee of \$750. Added two background questions as well.