



## Discover Aviation Center

Lorain County Regional Airport 44050 Russia Rd, Unit 6 Elyria, OH 44035

[www.discoveraviationcenter.org](http://www.discoveraviationcenter.org)



### Discover Aviation Center Flying Club (DACFC) Minor Membership Application and Agreement

#### Section I – Terms of Agreement

I, \_\_\_\_\_ hereby apply for membership in the Discover Aviation Center Flying Club for \_\_\_\_\_ (MINOR). I agree to these terms and conditions of membership:

1. I understand that the Discover Aviation Center Flying Club (DACFC) is a 501 c (3) nonprofit corporation. Its purpose is to encourage flying practice and safety among its members.
2. I will abide by the provisions of the Constitution, Bylaws, and Operating Rules of the DACFC and any other rules, regulations, and directives that may from time-to-time be revised by the Board of Directors or the DACFC membership.
3. PHASTAR is waiving the \$500 initiation fee. I am responsible for monthly dues of \$50 payable the first of each month. PHASTAR will pay \$35/hr of flight and ground training per student. I am responsible for any flight instructor fees that exceed \$35/hour.
4. I will pay the monthly DACFC billing, within 30 days after receipt, by check, money order or electronic deposit. Unpaid balances after 60 days are subject to a 1.5% finance charge. I understand that failure to pay as agreed may result in loss of flying privileges, claims judgment, and payment of collection fees.
5. I will pay for the use of club aircraft at “wet” rates established by the DACFC. I understand that, upon submission of receipts, my account will be credited for fuel and oil that I purchase while away from Lorain County Regional Airport. I will not be reimbursed for other expenses including hangar, de-icing, landing, and parking fees that I incur.
6. I understand the risk associated with the spread of infection and will follow CDC and DACFC guidance to minimize exposure to myself and other members. I will not hold PHASTAR, DACFC or any members liable for any illness that may occur in and or around PHASTAR and DACFC property including aircraft.
7. I will obtain a proficiency check ride in the highest type aircraft that I intend to fly with a DACFC designated instructor upon acceptance into the Club. I will also be required to attend a minimum of one annual safety seminar and to take an Annual FAA WINGS Flight Review we will refer to as Continual Qualification (CQ) at least once within any 12-month period. Failure to do so will result in the loss of my flying privileges until this requirement is met.
8. I may become an inactive member by submitting a written (or email) request to the DACFC office, provided my account is paid in full. Dues will be suspended while I am inactive. I can be reinstated by paying the current reactivation fee and obtaining a new proficiency check ride.

I have read the forgoing Terms of Agreement, and I agree to be bound by them. I further certify that the statements I have given on this application hereof are true and correct.

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



**Discover Aviation Center**

Lorain County Regional Airport 44050 Russia Rd, Unit 6 Elyria, OH 44035

[www.discoveraviationcenter.org](http://www.discoveraviationcenter.org)



Section II – Personal Data

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Citizenship \_\_\_\_\_

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

Email address \_\_\_\_\_

Name of MINOR \_\_\_\_\_

MINOR's Email Address \_\_\_\_\_

In Case of Emergency Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



**Discover Aviation Center**  
Lorain County Regional Airport 44050 Russia Rd, Unit 6 Elyria, OH 44035  
[www.discoveraviationcenter.org](http://www.discoveraviationcenter.org)



### Section III – Aeronautical Background and Experience

FAA Certificate Number \_\_\_\_\_ Date of Issue \_\_\_\_\_

Check all that apply:

Student Pilot \_\_\_ Private Pilot \_\_\_ Instrument Pilot \_\_\_ Commercial Pilot \_\_\_ ATP \_\_\_

Other licenses and ratings \_\_\_\_\_

Medical Certificate: Class \_\_\_ Date of Issue \_\_\_\_\_ Limitations \_\_\_\_\_

Flight Hours: Total \_\_\_ PIC \_\_\_ X-Country \_\_\_ Instrument \_\_\_ Night \_\_\_

In last 6 months: Total \_\_\_ PIC \_\_\_ X-Country \_\_\_ Instrument \_\_\_ Night \_\_\_

Date of last Flight Review \_\_\_\_\_ WINGS Level achieved \_\_\_\_\_

Have you been (check all that apply)

In any aircraft accidents or incidents \_\_\_ Y \_\_\_ N

Charged with violation of FAA regulations \_\_\_ Y \_\_\_ N

In any motor vehicle accidents in past 3 years \_\_\_ Y \_\_\_ N

Issued moving traffic citations in past 3 years \_\_\_ Y \_\_\_ N

Treated for alcoholism or drugs \_\_\_ Y \_\_\_ N

If you checked "Y" on any of the preceding questions, please explain details below.

---

---

---

---

---

---

---

---