



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

### Section I – Terms of Agreement

This Membership agreement shall govern the relationship between Discover Aviation Center Flying Club, a 501c7 nonprofit social corporation, and \_\_\_\_\_ . This agreement replaces any previous agreement.

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

1. I understand that the Discover Aviation Center Flying Club (DACFC) is a 501c7 nonprofit social organization. Its purpose is to encourage flying practice and safety among its members.
2. I understand that the DACFC is a non-equity flying club meaning members do not have a financial share in the aircraft; rather, they pay to become a member of a club that owns or leases the aircraft.
3. I will abide by the provisions of the Bylaws, Operating Rules of the DACFC and any other rules, regulations, and directives that may from time-to-time be revised by the Club Leadership or the DACFC membership. It is my responsibility to read and understand and follow DACFC documents.
4. I will submit the required deposit of \$500 and one month's dues of \$100 or \$50, where applicable. I understand that the deposit is refundable once I leave the club, as long as I have been a member for at least 12 months. I will not be refunded if I leave the club before 12 months.
5. I will pay the monthly DACFC billing, within 30 days after receipt, by check, credit card, money order or electronic deposit. Unpaid balances after 60 days are subject to a 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.



**Discover Aviation Center**

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

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6. 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.
7. 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 DAC, DACFC or any members liable for any illness that may occur in and or around DAC and DACFC property including aircraft.
8. 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 annual DACFC flight training, complete three FAA Wings knowledge credits every 12 months and take an Annual FAA WINGS Flight Review we will refer to as Continual Qualification (CQ) at least once within any 12-month period unless in an approved part 91, 121 or 135 flight training program. Failure to do so will result in the loss of my flying privileges until this requirement is met.
9. 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.
10. Although not a requirement, I am highly encouraged to seek and obtain renters insurance. I agree to be fully responsible for the DACFC insurance deductible, or actual damages whichever is lower should damage occur while the aircraft is in my possession. I will comply with the Renters Insurance limits in the bylaws and/or operations manual. I understand that I am 100% liable for any damage that is NOT covered by the DACFC insurance policy.

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 \_\_\_\_\_



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## Section II – Personal Information

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

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

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

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

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

### In Case of Emergency Notify:

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

Address \_\_\_\_\_



### 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 \_\_\_\_\_



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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.

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