



The Instructor is responsible for obtaining and discussing the following information with new customers. If the item is not applicable, write N/A.

Items to Collect

- Membership Application
- Pilot Record
- Payment Authorization
- Copy of Credit/ Debit Card
- Copy of Drivers License
- Copy of Current Medical
- Copy of Birth Certificate or Passport
- Pilot Certificate or Student Endorsements
- Flight Review

Things to Discuss

- Club
- Non-club
- Zero Deductible
- Flight Schedule Pro Explanation
- Hangar Entry Procedures

AIA Operations Manual

- Email to new member
- Received Operations Manual statement

Member Name _____

Instructor Obtaining Documents

- QB FSP Dues

Print _____

Sign _____

Date _____



CONTACT INFORMATION

Date _____

Last name _____ First name _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Cell phone _____

E-mail _____

Emergency contact _____ Phone number _____

Date of birth _____

Present employer _____

Years there _____

How did you hear about us? _____

Flight History

Certificates held:

Airplane single engine land

Multi engine land

Student

Private

Commercial

ATP

Instrument

Total time _____ Last 90 days _____

Briefly describe some aviation goals you would like to achieve at AIA:



ACKNOWLEDGEMENT OF RECEIPT & UNDERSTANDING OF AIA OPERATIONS MANUAL

Please initial:

_____ I have received, either in digital or hard-copy form, All In Aviation Operations Manual.

_____ I have read and understand all policies and procedures as set forth within the All In Aviation Operations Manual.

_____ I agree to comply with all policies and procedures as outlined in the All In Aviation Operations Manual.

_____ I understand that any deviation from any policy and/or procedure as outlined within the All In Aviation Operations Manual requires written authorization from the All In Aviation President or Director of Flight Operations.

I understand that failure to comply with policies and procedures as set forth within the All In Aviation Operations Manual is grounds for revocation and denial of flight privileges with All In Aviation.

Name _____ Signature _____

Date _____

ZERO-Deductible Insurance Release Authorization

I, _____, hereby request All In Aviation to release me from the aircraft damage deductible defined in the insurance policy that I may incur due to an accident or incident with an All In Aviation aircraft.

I understand that this release will not be in effect for gross pilot negligence. I further understand that this coverage shall be effective upon receipt of this form by All In Aviation.

Initial one of the below:

_____ I agree to pay the \$250 insurance deposit; refundable to me upon written cancellation of my membership. I also understand that this deposit is refundable only if my membership is in good standing with All In Aviation and I have been a member for a minimum of six months. If a claim is made, the \$250 will be used as a deductible and another \$250 deposit will be required.

_____ I agree to pay All In Aviation \$5.00 per flight hour, which I understand will be added to my flight charges.

Signed _____
All In Aviation Member/Renter



PAYMENT AUTHORIZATION FORM

Charges for all aircraft flights will be processed within one business day of the completion of that flight. All aircraft rental requires a credit card to be placed on file. Customers are welcome to pay cash, check, or use a different card at the time of flight completion. Otherwise, charges (including AIA member dues, if applicable) will be made against renter's account if balance remains or billed to the credit card on file. Any charges via credit card will incur a 3% processing fee.

Visa

Master Card

Discover

Amex

Card number _____ Exp. Date _____

Security Code (V/M/D - 3 digits on back/AMEX - 4 digits on front) # _____

Name as it appears on the card _____

I authorize All In Aviation to charge my card for all outstanding charges on my account. I understand that this authorization shall be in effect until I notify All In Aviation of my intention to close my account in writing and have made full payment for any and all outstanding charges.

Signature authorizing charges _____

BILLING ADDRESS

Street Address _____

City _____ State _____ Zip Code _____

PREPAYMENT OPTIONS (BONUS CREDITS)

All In Aviation offers discounts to Club Members applying prepaid money on account in the following increments:

Amount Purchased	Bonus credits
\$3000+	5%
\$6000+	6%
\$9000+	7%

All Block Purchases paid with a credit card must be accomplished by swiping the desired card.

Initial Block Amount Requested _____

Once the block amount is depleted, you will be contacted by All In Aviation staff to purchase an additional block.

Refund Policy:

Any credit remaining on a customer's account may be refunded at the customer's written request. Refunds will only be issued in the same form of the original payment and any credit previously applied to an invoice is not eligible for refund. Refunds for remaining credit from a block purchase will be refunded minus the bonus credit that was applied to the customer's account.

PILOT RECORD

Pilot name		Pilot certificates now held
Address		<input type="checkbox"/> Student <input type="checkbox"/> ATP <input type="checkbox"/> Private <input type="checkbox"/> Flight instructor <input type="checkbox"/> Commercial
Date of birth		
Certificate number		FAA pilot ratings now held
Occupation		<input type="checkbox"/> ASEL <input type="checkbox"/> IFR <input type="checkbox"/> AMEL
Employer		

FAA MEDICAL CERTIFICATE

Date issued		Class	
Waivers (If none, write none)			

RECURRENT TRAINING

Date of last instrument proficiency check	
Date of last Biennial Flight review or equivalent	
Do you participate in FAA Pilot Proficiency Award Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOGGED PILOT HOURS

	Hours		Hours	Hours
Total logged all aircraft		Cirrus		High performance
Instrument		Instructor		

As a pilot in command or co-pilot have you had or ever been involved in any aircraft accidents or incidents?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
As a pilot in command or co-pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has your automobile drivers license ever been suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any automobile accidents within the last five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any aircraft / aviation insurance claims or losses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted or pleaded guilty to a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Please explain fully any YES answers to the above questions:

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Signed _____ Date _____
 (Pilot's personal signature required)