

Tomorrow's Aeronautical Museum

961 West Alondra Blvd.
Compton, Ca. 90220
(310) 618-1155
(310) 898-1220 Fax



OFFICE USE ONLY

Member I.D. #____
Initial Enrollment Date:_____

ENROLLMENT APPLICATION

PERSONAL INFORMATION

Name_____ Birth Date _____
Address _____ Home phone _____
City _____ State _____ Zip _____ CA Drivers License # _____
Pilot Certificate or Social Security Number _____ E-mail Address: _____

EMPLOYMENT INFORMATION

Employer _____ Employed From _____ To _____
Address _____ Occupation _____
City _____ State _____ Zip _____ Supervisor _____
Phone (_____) _____ Ext. _____ Fax (_____) _____

FLYING & MEDICAL HISTORY

Ratings _____ Total Hours _____
FAA Medical : Class _____ Exam Date _____ Restrictions _____
BFR Due Date _____ Aircraft Flown _____
Previous Flying at _____ Date of Last Flight _____
How did you learn about T.A.S. _____

EMERGENCY CONTACTS

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>Known Since</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

I hereby apply for Enrollment in Aero Squad

All information shown here is true and correct

Please read and sign the back of this document Signature _____ Date _____

ATTACH SIGNED CREDIT CARD AUTHORIZATION FOR BALANCES 90 DAYS OVERDUE

REFUND POLICY

We will refund all unused monies that have been deposited in student's account less any fees, pilot supplies, flight instruction, aircraft rental, and / or service charges. Refunds will be processed after receipt of written notification, and may take 30-90 days. Written notification must include student's full name, current mailing address, phone number, and signature. Written notification must be sent to 961 W Alondra Blvd., Compton, CA 90220 ATTN: Management. If you have any questions, you may call 877-999-2099.

ASSOCIATE AGREEMENT

In consideration of my enrollment and of aircraft made available to me by Aero Squad under this lease, I agree that on each and all subsequent flights in A.S. aircraft, I shall:

- _____ Initial

1. Observe and comply with all Federal, State, and local air regulations and manufactures' operational procedures.
- _____ Initial

2. Inspect and make a ground check of the aircraft, its equipment, and accessories before takeoff and not accept such aircraft until I am satisfied it is airworthy and all equipment and accessories are operating properly for the flight to be undertaken.
- _____ Initial

3. **Allow no one else to fly the aircraft.**
- _____ Initial

4. Land only at public airports approved by the A.S. and published in the FAA Airport/Facility Directory, except as a precautionary or emergency measure, when reasonably necessary.
- _____ Initial

5. Return the aircraft to the Aero Squad's place of business at the agreed time, weather permitting, in the same condition I received it, normal wear and tear excepted.
- _____ Initial

6. Repairs at foreign airports are not authorized without prior club approval. TAM will make immediate arrangements for maintenance purposes for necessary services. TAM assumes no responsibility for personal expenses of any member or passenger that arise due to maintenance difficulties. Maintenance issues arise from time to time, and TAM will pay for repair costs to return aircraft to airworthy condition, but the renter is responsible to return aircraft back to TAM at renter's expense and all costs associated. (i.e. If TAM has to dispatch a second aircraft to recover the 1st aircraft, the renter is responsible for the cost of the 2nd aircraft as well.)
- _____ Initial

7. Report all accidents to such aircraft, weather major or minor, to the A.S. at once, together with the names and addresses of witnesses, and all involved parties; in the event of an accident involving it, not to move the aircraft unless expressly authorized to do so by the Aero Squad.
- _____ Initial

8. Indemnify and hold the Aero Squad, Torrance Aeronautical Museum, Inc. harmless from any and all loss, damages, and attorney's fee resulting from operating A.S. aircraft in my possession and control.
- _____ Initial

9. Pay all bills base upon established and adjusted A.S. rates within ten (10) days of mailing date unless the A.S. specifically agree to other arrangements in writing.
- _____ Initial

10. Have read, will comply with, and will be bound by: the A.S. Bylaws and their Amendments, the A.S. Associate Regulations and their Amendments, and the terms of this leave until my enrollment in the A.S. terminates.
- _____ Initial

11. Notify the A.S. in writing upon wishing to terminate my enrollment. I understand that my bill must be paid in full prior to terminating my enrollment and those A.S. dues and late charges continue to accrue until my bill is paid.
- _____ Initial

12. Member Rates – Monthly dues will be charged the 1st of every month. Failure to pay monthly dues and/or flight training fees will result in Regular Rates for all future charges, and possible adjustment of prior flights to Regular Rates.

By my signature I agree to the terms and conditions of this Continuing Lease Agreement.

Member Signature _____ Date _____

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

The signature below authorizes Aero Squad to charge my credit card for the balance due on my billing Statement the third (3rd) day of each month.

Associate Signature

Credit Card # (VISA, AMEX, or Master Card)

Associate Name (Please Print)

Expiration Date

Aero Squad Number