



Hostess City Aviators, Inc.

Application for Membership Instructions

1. Complete Pages 2 & 3 of this document digitally or in ink.
2. Submit to hostesscityaviators@gmail.com or Deliver to Jawanza Bassue (HCA, Inc. President) or mail to:
Hostess City Aviators, Inc.
RE: Club Application
P.O. Box 835
Pooler
Georgia 31322
USA
3. **Membership Levels**
 - a. **Aviator:** Becomes partial owner of airplane in this equity-based club arrangement. Requires a one-time buy-in, monthly dues and hourly operating costs. Shares the responsibilities of airplane ownership and maintenance fairly. Aviators are encouraged to invite Enthusiasts (and other Aviators) on local flights for exposure to general aviation and cost sharing.
 - b. **Enthusiast:** Enjoys hangar talk, joins the mailing list and is invited to social events. There are no financial implications to being an enthusiast. Club paraphernalia may be shared with Enthusiasts. Enthusiasts are encouraged to share aviation stories/experiences with the club.
4. Be careful to check only those qualifications that apply. Aviators **MUST** be at least a student pilot with at least a Class III medical.
 - a. If flying under BasicMed, include this response on the "Other Experience/Notes" lines
5. Future club member applicants will be nominated by any current club member in good standing. Initial members are nominated by Jawanza Bassue (President)
6. Future club member applications will be reviewed by the to-be-established Executive Board. Initial applications are reviewed by Jawanza Bassue (President)
7. **Application Decisions**
 - a. **Approved** – Additional instructions for insurance application documents, check-out flights, key availability, payments, etc. will be sent via email or communicated otherwise.
 - b. **Denied** – The applicant does not meet the requirements to join the club or does not agree with the terms set in the By-Laws and Operating Rules.
 - c. **Hold** – The application requires additional information or is waiting for additional documentation.
 - d. **Waitlist** – The Club is at **Aviator** level capacity and applicant is placed on a wait list as an **Enthusiast** in the order in which the application was received until:
 - i. A member attempts to sell his/her share.
 - ii. Additional airplanes acquired.
 - iii. By-Laws amended to accept additional members per airplane.
8. Questions? Email hostesscityaviators@gmail.com or ask Jawanza Bassue for clarification.



Hostess City Aviators, Inc.

Application for Membership

Mission Statement

The Hostess City Aviators, Inc. (HCA) is a not-for-profit, equity-based flying club that facilitates the ownership and operation of well-maintained aircraft by passionate aviators who wish to exercise their pilot certifications in a safe and cost-effective manner. The Hostess City Aviators, Inc. also takes special interest in energizing grassroots flying in the Savannah, GA region and exposing Gulfstream Aerospace employees to the general aviation environment in order to supplement their technical knowledge with operational experience.

General Information

Membership Level Desired: Aviator/Owner Enthusiast/Guest

FAA Certificate No:						
Pilot's Name:			<input type="checkbox"/> Student <input type="checkbox"/> Flight Test Engineer <input type="checkbox"/> Sport <input type="checkbox"/> A&P Mechanic <input type="checkbox"/> Private <input type="checkbox"/> Active/Retired Military <input type="checkbox"/> Instrument <input type="checkbox"/> AOPA Member <input type="checkbox"/> Commercial <input type="checkbox"/> EAA Member <input type="checkbox"/> CFI <input type="checkbox"/> WIA Member <input type="checkbox"/> CFII <input type="checkbox"/> Current Airplane Owner			
	Address:					
City:						
State:		Zip:				
Phone:	Home:	Work:				
Date of Birth:						
Employer:						
Driver's License #:				D.L. State:		
Email Address:						
(Check all above that apply)						

Pilot Experience

Aircraft Experience (estimated hours)						
Total	Solo	Dual	Night	Instrument	Complex	Instructor

Total Time Last 12 Months	Total Time Last 90 Days	Last BFR Date	Class of Medical Held	Last Medical Date
			<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	

Types of Aircraft Flown		
Make	Model	Approximate Hours Flown

Other Experience/Notes: _____

Additional Questions

(check "YES" or "NO")

a. Are you flying under a waiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you ever been penalized for a FAR violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you ever had an aircraft accident, incident, and/or violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has any insurance company and/or underwriter ever canceled, non-renewed, or declined coverage on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain "YES" answers here: _____

Membership

Why are you interested in joining the Hostess City Aviators?

What services are you able and willing to provide to the Hostess City Aviators?

What are your long-term aviation goals?

- | | | |
|---|------------------------------|-----------------------------|
| I am interested in building experimental airplanes: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am interested in participating in scheduled social events: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am comfortable with online scheduling software (I agree to use FlightCircle.com): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am comfortable agreeing to automatic billing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am comfortable sharing certain flights with other members: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have reviewed the HCA By-Laws and Operating Rules: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

With my signature below, I WARRANT the truth of the above statements and I further WARRANT that no material information has been withheld or suppressed. I agree to be bound by the Hostess City Aviators, Inc. By-Laws and hereby apply for membership with Hostess City Aviators, Inc.

Pilot's Signature: _____

Date: _____

----- BELOW FOR OFFICIAL USE ONLY -----

Nominated By:			
Reviewed By:	Acceptance Decision:	Review Date:	
Notes:			