



United States Parachute Association*

5401 Southpoint Centre Boulevard
Fredericksburg, Virginia 22407
(540) 604-9740 | (540) 604-9741 (fax)
uspa.org | groupmembers@uspa.org

**Initial Application for
Group Membership in the
United States Parachute
Association, Inc. ("USPA")**

The information you provide in this application will be used for listings for the Group Member in USPA publications including Parachutist and USPA's on-line Group Member directory.

Check here if you do not want the DZ included in a mailing list occasionally sold by USPA.

DROP ZONE INFORMATION (TO BE PUBLISHED)

Name of DZ (as you want it published): _____

Airport Name: _____

Airport's City: _____ Airport State/Country: _____

DZ Latitude: _____ DZ Longitude: _____

DZ Physical Address: _____

City: _____ State: _____ Zip: _____

Weekday Phone: _____ Weekend Phone: _____

Web Address: _____ E-mail Address: _____

DROP ZONE INFORMATION (TO BE PUBLISHED)

Distance from Major City/Metro Area (miles/kilometers): _____ Direction (north, south, east, west): _____

City/Metro Area: _____ Distance to Nearest Hotel (miles/kilometers): _____

Number and Type of Aircraft Used at DZ on a Regular Basis: _____

Instructional Programs Offered (please check): _____

- AFF
- IAD
- SL
- Tandem

DROP ZONE AMENITIES (TO BE PUBLISHED)

Please report services and facilities regularly available at your DZ. Checking a box means that the facilities are on the DZ or airport property and available for skydiver use.

- | | | |
|--|--|--|
| <input type="checkbox"/> Bunkhouse with Beds | <input type="checkbox"/> Packaging Service | <input type="checkbox"/> Swoop Pond |
| <input type="checkbox"/> Designated Camping Area | <input type="checkbox"/> Rigging Service | <input type="checkbox"/> Team Rooms |
| <input type="checkbox"/> Equipment Rental/Sales | <input type="checkbox"/> RV Space with Electricity | <input type="checkbox"/> Videographers |
| <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Showers Facilities | <input type="checkbox"/> Wi-fi |
| <input type="checkbox"/> Load Organizers | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Other: _____ |

NARRATIVE TEXT (TO BE PUBLISHED)

In 50 words or less, please describe your facilities and services and any other information which you believe to be of interest to skydivers. Please do not make claims that cannot be readily substantiated by USPA, for example, the "biggest" or "best DZ in XYZ;" or, "the favorite DZ for foreign jumpers." Comments outside the context and spirit of the directory and entries longer than 50 words will be edited. Especially helpful are travel directions from cities and/or major highways.

Sample Entry:

Open seven days a week, year round. From Capitol City, take I-97 north to Exit 17. Go west 17 miles to the Icefish Airport. Air-conditioned and heated hangar. Coaching available in formation skydiving and style & accuracy. King Air available during the summer.

DROP ZONE INFORMATION (NOT FOR PUBLICATION)

DZ Mailing Address (complete mailing address as your Post Office requires it):

OWNER/MANAGER INFORMATION (NOT FOR PUBLICATION)

Name of DZ Owner (may be an individual or an entity): _____

If name above is an entity, name of DZ Owner's President, CEO or other primary Executive/Manager (Authorized Agent):

Cell Phone: _____ Email Address: _____

Name of DZ Manager (if not the above): _____

Cell Phone: _____ Email Address: _____

Name of Your Recommended/Requested S&TA Appointee (S&TAs are appointed by the USPA Regional Director):

Ratings: _____ Cell Phone: _____

Email Address: _____

DZ NAME: _____

In applying for Group Membership, you will be agreeing to the terms of the Group Member Pledge set forth below. Please read them carefully. Failure to comply with the terms may result in suspension or removal from the Group Membership Program by the USPA, forfeiture of fees and cancellation of benefits and services provided by the USPA, or other disciplinary action provided for in the USPA Governance Manual as in effect from time to time.

The individual or entity for whom this Application is completed hereby applies for Group Membership, agrees to follow the terms of the Group Member Pledge set forth below, and intends this Application, once accepted by the USPA, to be an enforceable agreement that includes the Group Member Pledge below and the terms of the USPA's acceptance set forth further below. The individual or entity for whom this Application is completed further agrees that with respect to any dispute, claim or controversy arising under, out of, in connection with or relating to this Agreement, or any course of conduct, course of dealing, statements (oral or written), or actions relating to this Agreement, any action at law, suit in equity or other judicial proceeding for the enforcement of this Agreement, any provision hereof or any rights of the undersigned applicant as a Group Member of the USPA shall be instituted only in the United States federal courts located in the City of Richmond, Virginia or in the Virginia state courts located in the City of Fredericksburg, Virginia and (along with the USPA) hereby **knowingly, voluntarily, intentionally and with the advice of counsel waives any rights to a trial by jury with respect to any dispute, claim or controversy** based on this agreement, or relating to, arising out of, under, or in connection with, this agreement, or any course of conduct, course of dealing, statements (oral or written), or actions relating to this agreement. This waiver will apply regardless of how any cause of action is denominated and regardless of what relief is sought. If this waiver is ineffective as to one or more causes of action for any reason, this waiver will remain effective as to all other causes of action.

GROUP MEMBER PLEDGE

The undersigned applicant pledges and agrees to:

- Comply with the USPA Basic Safety Requirements (BSRs), which include compliance with the Federal Aviation Regulations relevant to skydiving operations, including aircraft operations.
- Ensure that all pilots employed or utilized for the purpose of parachute operations hold at least a commercial pilot certificate and a second-class medical certificate.
- Ensure that all aircraft utilized for the purpose of parachute operations comply with commercial maintenance requirements described in U.S. Federal Aviation Regulations Part 91.409(a) through (f) as applicable.
- Ensure skydiving staff of the Group Member (i.e., the undersigned applicant) are appropriately qualified and trained in accordance with the Skydiver's Information Manual and (where applicable) hold current USPA ratings commensurate with their duties.
- Establish landing procedures that will include separation of high-speed and normal landings. These landing procedures must be prominently displayed and communicated to all jumpers at the drop zone.
- Support USPA promotional programs at the drop zone.
- Require temporary or regular individual USPA membership of:
 1. all U.S. skydivers cleared for self-supervision
 2. non-resident foreign nationals who do not have proof of membership in their national aeroclub.
- Include USPA and manufacturers, distributors and dealers of skydive equipment in the Group Member hold-harmless release, consistent with state laws. (Please provide a copy of the waiver with this application.)

The undersigned applicant further understands that granting of Group Membership is purely at the discretion of the USPA. The USPA may make its decision to grant an application based upon information and sources that, at its sole discretion, it finds appropriate. The undersigned applicant further understands that the USPA retains the right to suspend or terminate the undersigned applicant's Group Membership in accordance with procedures set forth in the USPA Governance Manual as in effect from time to time, and the undersigned applicant reserves the right to terminate its Group Membership on thirty (30) days' notice to the USPA. Should the undersigned applicant's Group Membership be terminated by the USPA or by the undersigned applicant, there will be no refund of initial application fees or renewal fees.

I certify that the above is true and correct to the best of my knowledge. On behalf of the undersigned applicant, I intend my transmission of any facsimile or scan of a document containing my signature to be the delivery of a document executed with my signature on behalf of the undersigned applicant.

I certify that all aircraft inspection forms submitted as part of my Group Member application/renewal are current and valid.

ACCEPTANCE BY THE DROP ZONE OWNER

Name of Drop Zone Owner (individual or entity that is legal owner): _____

Signature of Drop Zone Owner, if an individual, or of authorized agent of Drop Zone Owner, if an entity (i.e., President, Manager, General Partner, etc.), acting on behalf of the above-named Drop Zone Owner: _____

Printed name of the signer above _____ Date: _____

Title of authorized agent signing on behalf of entity Drop Zone Owner: _____

ACCEPTANCE BY THE USPA

The applicant that has completed and executed the foregoing document is accepted for Group Membership in the USPA and shall be afforded the benefits and privileges afforded to U.S. Group Members set forth in the USPA Group Membership Manual, subject to the other provisions of that Manual, as in effect from time to time (taking into account modifications thereto from time to time), and to the terms of the foregoing Application (including the waiver by the USPA and the applicant of any right to trial by jury).

Witness the signature of the undersigned officer of the United States Parachute Association, Inc., a New York not-for-profit corporation headquartered in Virginia, as of the date set forth below.

USPA, INC.

By: _____

Its: Executive Director

Date: _____

CHECKLIST FOR NEW GROUP MEMBERS

Name of DZ: _____

Who will have day-to-day operational control of the DZ? _____

Phone Number: _____ Email: _____

Will any BSR waivers be necessary? yes no If so, please describe:

Who will be the supervising instructor for each first-jump method offered? _____

Phone Number: _____ Email: _____

Who will be the supervising rigger for packing? (Full name and state where rigger certificate is registered)

Phone Number: _____ Email: _____

Who will be the chief pilot? (Full name and state where certificate is registered)

Phone Number: _____ Email: _____

Is there adequate landing area free of hazards, as required by USPA BSRs? yes no

- Student and A-license holders - minimum radius of 330 feet
- Tandems, B & C license holders - minimum radius of 165 feet
- D-license holders - minimum radius of 40 feet

Are the flight-line and landing area adequately separated from spectator areas? yes no

Describe specifics or distance. _____

Are there fuel quality controls and checks in place? yes no

Who is responsible? _____

Is there a flight operations handbook? yes no.

Please submit a copy of your Flight Operations Handbook (required for Group Membership)

Is there adequate initial and recurrent training for jump pilots? yes no

Which ATC facility has been notified? _____

What is the ATC frequency or frequencies? _____

Is there an emergency response plan and first-aid equipment? yes no

Has there been coordination with the local EMS service? yes no

DZO Signature: _____ **Date:** _____

Printed Name: _____

USPA Aircraft Status Form

Make/Model _____ N- _____

For the aircraft above, check the box below indicating which FAR section the aircraft is maintained under. Then fill-in every blank in the table beneath that section.

91.409(a)&(b) Annual and 100-Hour Inspections (Not Available to Multi-Turbine Airplanes)

Annual & 100-Hour Inspection	Last:	Next:
Annual Inspection	_____ Date _____	_____ Date _____
100-Hour Inspection	_____ Tach/Hobbs _____	_____ Tach/Hobbs _____

91.409(d) Progressive Inspection (Not Available to Multi-Turbine Airplanes)

Progressive Inspection	Last:	Next:
_____ Name of FSDO _____	_____	_____

91.409(f)(3) Manufacturer Inspection

Manufacturer Inspection	Last:	Next:
_____ Name of Manufacturer Program _____	_____	_____

91.409(f)(4) FAA-Approved Inspection

Approved Inspection	Last:	Next:
_____ Name of FSDO _____	_____	_____

Name of A&P, IA or FAA Repair Station responsible for the inspection of this aircraft:

A&P or IA Certificate No. _____ Repair Station No. _____

Make/Model _____ N- _____

For the aircraft above, check the box below indicating which FAR section the aircraft is maintained under. Then fill-in every blank in the table beneath that section.

91.409(a)&(b) Annual and 100-Hour Inspections (Not Available to Multi-Turbine Airplanes)

Annual & 100-Hour Inspection	Last:	Next:
Annual Inspection	_____ Date _____	_____ Date _____
100-Hour Inspection	_____ Tach/Hobbs _____	_____ Tach/Hobbs _____

91.409(d) Progressive Inspection (Not Available to Multi-Turbine Airplanes)

Progressive Inspection	Last:	Next:
_____ Name of FSDO _____	_____	_____

91.409(f)(3) Manufacturer Inspection

Manufacturer Inspection	Last:	Next:
_____ Name of Manufacturer Program _____	_____	_____

91.409(f)(4) FAA-Approved Inspection

Approved Inspection	Last:	Next:
_____ Name of FSDO _____	_____	_____

Name of A&P, IA or FAA Repair Station responsible for the inspection of this aircraft:

A&P or IA Certificate No. _____ Repair Station No. _____

Name: _____ Title: _____ DZ: _____

MEMBERSHIP CATEGORIES

Group Membership is renewed annually and valid from April 1 – March 31 of the following year. Fees are calculated by category. The initial year is prorated based on the month you sign your application. New Group Members should refer to the following chart to determine the appropriate fee.

PRORATED AMOUNTS												
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
CAT 1	\$300	\$300	\$300	\$225	\$225	\$225	\$150	\$150	\$150	\$75	\$75	\$75
CAT 2	\$450	\$450	\$450	\$337.5	\$337.5	\$337.5	\$225	\$225	\$225	\$112.5	\$112.5	\$112.5
CAT 3	\$900	\$450	\$450	\$675	\$675	\$675	\$450	\$450	\$450	\$225	\$225	\$225

CAT. 1: Skydiving operations that use military aircraft which fall under DoD regulations; or college clubs that use facilities and aircraft of an current established Group Member. If club, please indicate the Group Member that you are affiliated with (required): _____

New: Prorated amount (see chart) \$ _____ (Next year renewal fee: \$150)

CAT. 2: Skydiving operations that operate routinely with not more than two small aircraft, each with a maximum takeoff weight of less than 6,000 lbs; or professional skydiving and canopy schools that are located at and use aircraft of a current established USPA Group Member. If school, please indicate the Group Member that you are affiliated with: _____

New: Prorated amount (see chart) \$ _____ (Next year renewal fee: \$300)

CAT. 3: Skydiving operations that routinely use more than two small aircraft or one large aircraft, with a maximum takeoff weight of 6,000 lbs. or more; or wind tunnels

New: Prorated amount (see chart) \$ _____ (Next year renewal fee: \$600)

INSTRUCTIONS FOR SUBMITTING APPLICATION

Please submit your application for USPA Group Membership to USPA Headquarters along with an Aircraft Status Form for each aircraft used (regardless if the aircraft is owned or leased), Pledge and **a copy of your DZ waiver that includes USPA by name.** Applications can be mailed, faxed or emailed to:

United States Parachute Association
5401 Southpoint Centre Blvd.
Fredericksburg, VA 22407
Fax: (540) 604-9741
E-mail: groupmembers@uspa.org

Payment will not be processed until all required documentation is received and approved. For questions, contact USPA Group Membership at (540) 604-9740 or groupmembers@uspa.org.

METHOD OF PAYMENT

Check for \$ _____ enclosed.

or

Will call USPA with payment.

I'd like to keep this credit card on file at USPA for future charges authorized by the DZ.

X _____
Card Holder Signature

Visa MasterCard Discover American Express

..... Do not send credit card information via email.

CARD NUMBER (Visa, MasterCard, Discover and American Express)

SECURITY CODE

EXP. DATE (MMYY)