



United States Parachute Association*
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USPA Group Member Initial Application

04-09

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 Longitude:

DZ Latitude:

DZ Physical Address:

City:

State/Country:

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

Weekday Phone:

Weekend Phone:

Fax Number:

Web Address:

E-mail Address:

FOR OFFICE USE ONLY:

Date Received: _____ RD Notified: _____ RD Approved: _____ USPA #: _____

Start Date: _____ Total: \$ _____ Batch # _____ New DZ Packet Issued: _____

Information entered/submitted to:

Database: _____ E-mail: _____ Excel: _____ Website: _____ Magazine _____

Notes: _____

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

NARRATIVE TEXT

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.

OWNER/MANAGER INFORMATION (NOT FOR PUBLICATION)

Name of DZ Owner (or president or CEO if corporation):

Work Phone:

Cell Phone:

E-mail Address:

Name of DZ Manager (if not the above):

Work Phone:

Cell Phone:

E-mail Address:

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

Ratings:

Work Phone:

Cell Phone:

E-mail Address:

In applying for Group Membership, you will be agreeing to the terms listed below.

Please read them carefully.

Failure to comply with the terms may result in removal from the Group Membership Program by USPA, forfeiture of fees and cancellation of benefits and services provided by USPA.

As the owner/operator of the school, club, or center listed on the reverse side of this application, I hereby apply for Group Membership and in so doing agree to follow the terms of the Group Member Pledge below.

GROUP MEMBER PLEDGE

As a person with operational control, I pledge to:

- Comply with the USPA Basic Safety Requirements (BSRs), which include compliance with the Federal Aviation Regulations relevant to skydiving operations, including aircraft operations.
- Establish and disseminate landing procedures that will include separation of high-speed landings and normal landings.
- Support USPA promotional programs at the drop zone.
- Ensure all employees and staff of the Group Member are appropriately qualified and trained in accordance with the SIM and (where applicable) hold USPA ratings and/or FAA licenses and certifications commensurate with their duties.
- Require introductory or regular individual USPA membership of:
 1. all licensed U.S. skydivers (a skydiver is considered a student until licensed)
 2. non-resident foreign nationals who do not have proof of membership in their national aeroclub.
- Agree to abide by USPA's Skydiving Service Code of Conduct (below).
- Include USPA in the Group Member hold-harmless release, consistent with state laws. (U.S. DZs only. New applicants, please provide a copy of the waiver with this application.)

I further understand that granting of such membership or any renewal thereof is purely at the discretion of USPA. USPA may make its decision to grant or renew an application based upon information and sources that, at its sole discretion, it finds appropriate. I further understand that either party retains the right, on 30 days notice, to terminate my Group Membership for any reason whatsoever. Should I decide to terminate such membership, I will not be entitled to any refund of initial application fees or renewal fees. I certify that the above is true and correct to the best of my knowledge.

_____ signature	_____ date
_____ name (please print)	_____ title/position
_____ name of club, school or DZ	

SKYDIVING SERVICE CODE OF CONDUCT

As an organization offering and facilitating skydiving services, and as a Group Member of the United States Parachute Association:

We declare a dedication to safety as our highest goal, empowering ourselves and others to make decisions so that the highest possible standards of safety are maintained.

We display respect for all staff and customers and do not tolerate harassment or discrimination based on race, creed, gender, age, and disability, subject to safe practices.

We foster honesty, integrity, and fairness in our business relationships with customers, contractors, suppliers, and employees and strive to minimize misunderstandings and conflict.

We refrain from disparaging other individuals and organizations, whether written, spoken, or implied, but work to uphold and foster a positive image of skydiving.

We strive, individually and organizationally, to enhance our professional skills and knowledge, and to assist others in doing so.

We understand that, as a service business, we must operate on sound ethical, management, and financial principles.

We will develop and display a refund policy and make it available to customers prior to financial transactions.

CHECKLIST FOR NEW GROUP MEMBERS

(Return to USPA as part of the complete application.)

Name of DZ:

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

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

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

Who will be the supervising rigger for packing?

Who will be the chief pilot?

What maintenance program will each aircraft be under?

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 an aircraft operations manual? yes no

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:
