



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
as a USPA International Affiliate
Drop Zone of United States
Parachute Association, Inc. ("USPA")**

The information you provide in this application will be used for listings for International Affiliate Drop Zone listings in USPA publications including *Parachutist* and USPA's online 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/Country and Postal Code: _____

Weekday Phone: _____ Weekend Phone: _____

Web Address: _____ Email 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 international 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 Chief Instructor: _____

Ratings: _____ 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 as a USPA International Affiliate Drop Zone, you will be agreeing to the terms of the International Affiliate Drop Zone Pledge set forth below. Please read them carefully. Failure to comply with the terms may result in suspension or removal from the International Affiliate Drop Zone 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 as a International Affiliate Drop Zone, agrees to follow the terms of the International Affiliate Drop Zone Pledge set forth below, and intends this Application, once accepted by the USPA, to be an enforceable agreement that includes the International Affiliate Drop Zone 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 or International Affiliate Drop Zone 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.

INTERNATIONAL AFFILIATE DROP ZONE PLEDGE

The undersigned applicant pledges and agrees to maintain at least one current USPA rated Instructor on the staff of the undersigned applicant at all times. Please provide the name(s) and membership number(s) of your USPA rated Instructor(s):

USPA Membership #	Last Name, First Name	Instructor Rating(s)

The undersigned applicant further understands that granting of Group Membership as an International Affiliate Drop Zone 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.

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 as an International Affiliate Drop Zone and shall be afforded the benefits and privileges afforded to International Affiliate Drop Zones 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: _____

INSTRUCTIONS FOR SUBMITTING APPLICATION

Please submit your application for USPA International Affiliate Drop Zone to USPA Headquarters. Applications can be mailed, faxed or e-mailed 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.

REGIONAL DIRECTOR'S SIGNATURE (obtained by headquarters)

_____ / ____ / ____ : ____ a.m./ p.m.
signature date time

PAYMENT

USPA International Affiliate Drop Zone fees are by calendar year. The initial year is prorated based on the month you sign your application.

PRORATED AMOUNTS (initial year only)												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
International Affiliate Drop Zone	\$450	\$450	\$450	\$337.50	\$337.50	\$337.50	\$225	\$225	\$225	\$112.50	\$112.50	\$112.50

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

- I will call USPA with payment.
- Please charge my credit card:
 - Visa Discover
 - MasterCard American Express

INTERNATIONAL PAYMENTS:
VISA, Master Card, Discover or American Express.
Sorry, no checks or money orders are accepted from outside the U.S.

X _____
Card Holder Signature

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

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

SECURITY CODE

EXP. DATE (MMYY)