The information you provide in this application will be used for listings for the Foreign Affiliate 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.

☐ Full-service restaurant, snack bar, or full grill service (does not include vending machines or microwave oven)  ☐ Bath house or hot shower facilities  ☐ Load organizers available

☐ Bunkhouse with beds  ☐ Swimming pool  ☐ Swoop pond  ☐ Freefall video camera flyers for hire

☐ RV spaces with electric hook-ups  ☐ Skydiving equipment for rent/retail gear sales on the drop zone  ☐ Wireless internet/internet access

☐ Designated camping areas on or adjacent to the DZ  ☐ Full-service FAA-certified rigging services available during business hours  ☐ Packing services

☐ Swoop pond  ☐ Team Rooms
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.

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<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td><strong>DZ Mailing Address</strong></td>
<td>Complete mailing address as your Post Office requires it:</td>
</tr>
<tr>
<td><strong>Name of DZ Owner</strong></td>
<td>May be an individual or an entity:</td>
</tr>
<tr>
<td><strong>If name above is an entity, name of DZ Owner’s President, CEO or other primary Executive/Manager (Authorized Agent):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cell Phone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of DZ Manager (if not the above):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cell Phone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Your Recommended/Requested S&amp;TA Appointee (S&amp;TAs are appointed by the USPA Regional Director):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ratings:</strong></td>
<td></td>
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<tr>
<td><strong>Cell Phone:</strong></td>
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<td><strong>Email Address:</strong></td>
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In applying for Group Membership as a Foreign Affiliate, you will be agreeing to the terms of the Foreign Affiliate Pledge set forth below. Please read them carefully. Failure to comply with the terms may result in suspension or removal from the Foreign Affiliate 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 Foreign Affiliate, agrees to follow the terms of the Foreign Affiliate Pledge set forth below, and intends this Application, once accepted by the USPA, to be an enforceable agreement that includes the Foreign Affiliate 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 Foreign Affiliate 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.

FOREIGN AFFILIATE 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):

<table>
<thead>
<tr>
<th>USPA Membership #</th>
<th>Last Name, First Name</th>
<th>Instructor Rating(s)</th>
</tr>
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</table>

The undersigned applicant further understands that granting of Group Membership as a Foreign Affiliate 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) __________________________ Date: _______________

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 __________________________

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 a Foreign Affiliate and shall be afforded the benefits and privileges afforded to Foreign Affiliates 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: __________________________
PAYMENT

Foreign Affiliate fees are by calendar year. The initial year is prorated based on the month you sign your application.

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<tr>
<td>$450</td>
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<td>$337.5</td>
<td>$337.5</td>
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<td>$225</td>
<td>$225</td>
<td>$225</td>
<td>$112.5</td>
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- New: Prorated amount (see chart) $_____________ (Next year renewal fee: $300)

- Please charge my credit card:

  - Visa ❑ MasterCard ❑ Discover ❑ American Express

  - credit card number ____________

  - Expiration Date month / year ____________

  - CVC ____________

  - Cardholder signature ____________________

FOREIGN PAYMENTS:

VISA, Master Card, Discover or American Express accepted for foreign payments. Sorry, no foreign checks or money orders.

INSTRUCTIONS FOR SUBMITTING APPLICATION

Please submit your application for USPA Foreign Affiliate 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