



MEMBERSHIP APPLICATION AND AGREEMENT

Applicant's Full Name _____
 Date of Birth _____
 Address: _____

 Telephone: Business _____ Home _____ Cell _____
 Email: _____

Aeronautical Experience (check applicable ratings if applicable)

RATING	GLIDER	AIRPLANE
Student Pilot	_____	_____
Private Pilot	_____	_____
Comm. Pilot	_____	_____
Instructor	_____	_____

Date of last Flight Review _____

SSA Member? Yes ___ No ___ SSA member number _____ Exp Date _____

In consideration of the approval of this application, of the providing of any ground or flight instruction, of the use of Airscapes-owned equipment, and of the professional, aeronautical and personal benefits to be gained there from, I voluntarily assume all risk of accident or damage to my person and property and do hereby for myself, my heirs, executors and administrators, release the Carolina Soaring Association, together with its Officers, Agents and Members from all claims, demands and causes of action founded in personal harm occurring during my use of Club owned equipment. I also acknowledge that these same considerations apply to any family member applicants listed on this application.

Signature of Applicant _____ Date: _____

If making a family (dependents only) membership application, please complete an additional application for that member and submit it with this application.

Application and payment of the following initial fees are required before commencing flight operations

- \$200 Non-refundable initiation fee
- \$66 First month Club dues (covers the first partial month and the following full month)
- \$266 Total (Make check payable to Carolina Soaring Association)

Notes:

1. Acceptance of this application by a Club Officer provides the applicant with provisional membership until acceptance by the full membership at the next monthly meeting. If the full membership does not accept the applicant, the above fees will be refunded less any outstanding debt.
2. All Club members are required to be members of the Soaring Society of America. One year SSA membership is \$64. This will be paid by the club upon payment of the first month's dues.

Application accepted by _____ Date: _____