

Skyline Soaring Club, Inc.

Application for Membership

Membership Type (check one): FAST Visiting Introductory Probationary Transient Other _____

Personal Data:

Name (first/last): _____ Date of Birth: _____

Street Address: _____

City / State / Zip: _____

Email Address (Pri/Alt): _____

Phone (Home/Work/Cell) H: _____ W: _____ C: _____

Emergency Contact (Name/Phone/Relation): _____

Pilot Data:

SSA Membership # / Expiration Date: _____

Pilot Certificates Held (Type & Cert #): _____

Estimated Flight Hours (glider/other): _____ Date of Last Flight Review: _____

Type Aircraft Owned (Make/Model, Reg #, Contest ID): _____

Have you ever been denied use of aircraft by a club, FBO, or commercial operator? Yes No

If Yes, explain: _____

Have you been under a doctor's care for any physical or mental disorder within the last three years? Yes No

If Yes, explain: _____

I agree to the following conditions of membership in Skyline Soaring Club (SSC):

1. I certify the information above is correct. I agree to comply with the operational procedures and conditions of membership set forth in the SSC Operations Manual. I have read and understand the specific portions of the Operations Manual concerning membership categories, qualifications, and responsibilities (Chapter 1).
2. Upon completion of appropriate check rides and instructor sign-off, I may act as Pilot in Command of an SSC club aircraft. I may receive flight instruction and towing and other launch services, at standard SSC rates, and I agree to pay SSC all fees due for such services.
3. I understand the SSC is willing to extend this Membership to me for releasing SSC and its members of all liability in excess of current limits of liability insurance coverage in the event of injury to myself of any kind, including death, arising out of my exercise of the privileges set forth herein. In the event of such injury to myself, I hereby indemnify SSC and its members, individually and collectively, from and against all liability, demands, claims, losses, costs, damages and expenses arising out of such injury and shall defend at my expense and pay all final awarded costs, fines, attorney's fees, damages and other awards resulting from all such proceedings against SSC or its members. I agree that the validity, construction, and performance of this agreement shall be governed by the laws of the Dominion of Virginia and the United States of America. I agree that the terms of this agreement shall be binding upon me, my estate, my assignees and my heirs.
4. This is the entire agreement between me and SSC, and all modification or changes to this agreement must be in writing.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian (if under 18): _____ Date: _____

Signature of SSC Representative: _____ Date: _____

(DO for FAST or Visiting; Membership Officer for Introductory; BoD for Probationary, Transient, Other)

Required Membership Fees:

Effective Date: _____ Initiation Fee (first half): _____

Prorated months club dues (thru 31 Dec): _____ Prorated months SSA dues (thru 30 Apr): _____

Club fees: Intro: _____ Prob: _____ Transient: _____ Visiting: _____

SSA fees: Member: _____ Family: _____ Youth: _____

Total Amount Due: _____