

# 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: \_\_\_\_\_

Do you meet all of the medical and physical qualifications set forth in Section 1.5.1 of the SSC Operations Manual?  Yes  No

If No, 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 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: \_\_\_\_\_

Signatures of Guardians (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of SSC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(DO for FAST or Visiting; BoD for Introductor, 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: \_\_\_\_\_