



MEMBERSHIP APPLICATION AND AGREEMENT

12/2015 ed.

Applicant's Full Legal Name:		Date of Birth:	
Nickname:		Are you age 21 or over?	DYes DNo
Address:	City:	ST:	Zip:
Mobile Phone:	Home Phone:	Emergency Phone:	
Emergency Contact:			
Email:			
Aeronautical Experience (check ratings if applicable)		Date of Last Flight Medical: _____	
<u>RATING</u>	<u>GLIDER</u>	<u>AIRPLANE</u>	Date of Last Flight (BFR) Review: _____
Student Pilot	<input type="checkbox"/>	<input type="checkbox"/>	Have you failed a Flight Medical: _____
Private	<input type="checkbox"/>	<input type="checkbox"/>	Any Aviation Accidents in past 5 Years: _____
Commercial Pilot	<input type="checkbox"/>	<input type="checkbox"/>	Any FAA FAR Violations in Past 5 Years: _____
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Any Vehicle DUI/Speeding/Accidents: _____
Total Time in Type _____	_____	_____	Please add information about incidents on reverse:
Number of Flights _____	_____	_____	
Private Sailplane Make:	SSA Contest #	FAA Registration #	
SSA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Membership #		Exp Date:	
<p>In consideration of the approval of this application, of the providing of any ground or flight instruction, of the use of Eagleville Soaring Inc. 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 Eagleville Soaring Inc., and Eagleville Flying Service, LLC, together with their Directors, Officers, Agents and/or Members from all claims, demands, and causes of action arising out of, or related to, my activities as a member of Eagleville Soaring Club. I also acknowledge that these same considerations apply to any family member applicants listed on this application.</p> <p>Important Medical Consideration: I certify that I have no known medical conditions that would make it unsafe for me to fly a glider. Should I develop a medical condition during my membership or believe that I may have such a condition, I will immediately notify a club officer and not fly until medically cleared.</p> <p>Signature of Applicant: _____ Date: _____</p>			
Applicants under the age of 18 must have the signature of a parent or legal guardian.			
<p>If making a family (dependents only) membership application, please complete an additional application for that member and submit it with this application.</p> <p>Application and payment of the following initial fees are required <u>before</u> commencing flight operations: <input type="checkbox"/>\$1,000 <input type="checkbox"/>\$500 <input type="checkbox"/>Student Rate <input type="checkbox"/>Other _____ for the flying season ending 12 months from the acceptance of this application. Make check payable to: Eagleville Soaring Inc.</p> <p>1. All Club members are required to be members of the Soaring Society of America. Dues will be paid by the club upon payment of yearly dues.</p>			
Application accepted by:		Date:	