



# Huntsville Soaring Club

## Application for Membership

### Personal Information

Date: ____ ____ ____	Name: _____	Spouse's Name: _____
Home Address		Work Address
Street: _____		Street: _____
City: _____ State: ____ Zip: _____		City: _____ State: ____ Zip: _____
Phone: _____ Email: _____		Phone: _____ Email: _____
Date of Birth: ____ ____ ____	Special Skills or Interests: _____	
Will other members of your family fly HSC aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____		

### Aviation Experience

FAA Certificate No.:	Medical Cert. Class:	Expires on: ____ ____ ____	Pilot Ratings:	Last Flt. Review: ____ ____ ____
PIC Hours:	Glider Hours/Flts:	Are you an SSA member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Soaring Badge or Leg Held:		SSA Membership No.: _____ Expires ____ ____ ____ <input type="checkbox"/> Full <input type="checkbox"/> Student <input type="checkbox"/> Family <input type="checkbox"/> Life Member		
Student Pilots				
My certificate expires on: ____ ____ ____ . I have soloed: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which aircraft? _____				
I have passed the private pilot knowledge test: <input type="checkbox"/> Yes <input type="checkbox"/> No Which? <input type="checkbox"/> Glider <input type="checkbox"/> Airplane <input type="checkbox"/> Other				

### Membership Agreement

I agree that, if accepted to membership in the Huntsville Soaring Club, the initiation fee, prorated annual dues, and SSA dues are due immediately. Further, I understand that there are fees for the tow plane and flight instruction, and that all sailplane operations are under the control of the Huntsville Soaring Club. Flying privileges may be terminated for non-payment of dues or fees.

I agree that, if I am responsible for damaging equipment that is insured by the Huntsville Soaring Club, I shall be responsible for reimbursing the Club for the amount required to repair or replace the damaged equipment, not to exceed the insurance deductible.

**I certify that I have no known medical defect that makes me unable to pilot a glider.**

I hereby apply for membership in the Huntsville Soaring Club in the following category:

- Full  Family  Student  Limited  Associate  FAST

I enclose the initiation fee of \$ \_\_\_\_\_. I understand that Annual Dues and SSA Dues, if any, are due on notification of my admission to Club membership. Please make checks payable to *Huntsville Soaring Club*.

Applicant's Signature: \_\_\_\_\_

*To complete the application, please sign the Members Release and Indemnity Agreement on the reverse side and mail to Ivan Garcia, HSC Treasurer, PO Box 5345, Huntsville, AL 35814-5345 (Phone: 256-426-5128).*