

New Member Application

UTAH SOARING ASSOCIATION

863 Sego Lily Way, Mapleton, UT 84664

(Complete application, please type or print, and mail to address above)

I hereby apply for _____ membership in the Utah Soaring Association: (active, associate, family, or instructor)

Name: _____

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work: _____ Cell: _____

Occupation: _____ Email: _____

Height: _____ Weight: _____ Date of Birth: _____ SSA#: _____

Glider flight experience to date:

_____ Dual Student Pilot Glider No. dual flights with instructor: _____ Instructor's name: _____

_____ Solo Student Pilot Glider No. solo flights _____ Glider Type _____

_____ Private Pilot Glider Certificate No. _____ No. Flights: _____ No. Hours _____

_____ Commercial Pilot Glider Certificate No. _____ No. Flights: _____ No. Hours _____

Types of gliders flown as pilot-in-command: _____

No. glider flights in last 12 months: _____ No. glider hours in last 12 months _____

Flight school where glider rating was earned: _____

Other flight experience and ratings: _____

Have you ever been involved as pilot-in-command in an aircraft mishap resulting in \$500 or more damage? _____

If above question was answered yes use the reverse side of this application to explain the situation and outcome.

If accepted into membership by the Utah Soaring Association I agree to accept and comply with the following conditions as well as those outlined in the Association Flight Rules and Bylaws:

- 1) I certify that I have read and agree to comply with the Bylaws and Flight Operations Rules of the Utah Soaring Association, found on the association's web pages. www.utahsoaring.org
- 2) I understand that the Utah Soaring Association is a not-for-profit corporation. All business is conducted by volunteers.
- 3) Instructor members pay no dues and will only fly club gliders while instructing a club member.
- 4) Membership in the Soaring Society of America is also required by our insurance company & the club. If not currently a member of the SSA \$64 due upon acceptance of your application.
- 5) Upon approval of this application I will submit a membership initiation fee in the amount of \$500.
- 6) I will pay dues of \$600 per year as an active member (payable in four installments) or \$120 per year as an associate member. Associate members have limited flight time privileges (currently 14 hours per year, subject to change) and will pay an hourly rate for any usage above that limit. I understand the first payment is due upon acceptance and will include the initiation fee plus the first quarter fee for active members or the full dues for associate members. This payment will be \$650 for active members and \$620 for associate members.
 - a. The amount of dues may be raised or reduced as necessary to meet Association expenses.
 - b. Members whose dues are delinquent may not fly Association aircraft.
 - c. A member who becomes three months delinquent in dues forfeits membership and will be terminated unless special arrangements are made in writing with the Board of Directors.
- 7) I am aware that there are risks and hazards incurred in the operation of gliders and that unanticipated dangers may arise during such activity. I assume all risks of injury to myself and my property as well as risk of injury to my passengers, family and guests, that may occur in connection with the operation of Association owned gliders and associated activities. For myself, my heirs, administrators and assigns I hereby release, remise and discharge the Utah Soaring Association and its respective members, agents, officers, officials and all other participants in the operation of Association owned gliders and associated activities of all and from all claims, demands, actions and causes of action of any sort for injuries sustained to person and or property as well as to my family and guests during participation in the activities of the Utah Soaring Association due to negligence or any other fault.
- 8) I am aware that if applying for membership as an associate member I am required to provide N-number, ownership share (33% minimum), insurance provider and annual proof of insurance for a personally owned glider.

N-Number: _____ Ownership Share: _____ Insurance Provider: _____

Signature: _____ Date: _____

Sponsoring Member: Name: _____ Signature: _____

(Following space for use by Utah Soaring Association)

Application received by: _____ Date: _____

Action by Board of Directors: Membership approved: _____ Rejected: _____ Date: _____

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Maintenance Officer _____ Safety and Flight Operations: _____

*A check maybe submitted with the application if sent by mail. Alternatively, an electronic invoice can be sent upon receipt of your application to provide for online payment from your checking account if desired.