

# APPLICATION FOR MEMBERSHIP IN TEXAS SOARING ASSOCIATION, INC.

Insert Picture

	First Name	Middle Initial	Last Name		
Name					
Address					
City, State, & ZIP Code					
Home Phone (Required)		Work Phone		Cell Phone	
Emergency Contact				Phone	
Employer				Email	
Work Address					
Date of Birth		Occupation		Spouse's Name	
Height & Weight		ft		In	lbs
Children's Names					
Total Time (hrs)		If Airplane rated, Medical Class		Date of Last Medical	
Total Glider Time (hrs)		Date of Last FAR per 61.56 accomplished in a glider (if any)			
In the last 5 years, have you (a) been involved in an aircraft accident or incident		If so, explain			
(b) had your pilot's license surrendered, suspended, or revoked		If so, explain			
Previous soaring club/group membership (if any)			SSA Membership # (if any)		
FAA Pilot Certificate #					

**FAA Ratings Held (check those that apply)**

Glider	<input type="checkbox"/>	Student	<input type="checkbox"/>	Private	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Instructor	<input type="checkbox"/>		
Airplane	<input type="checkbox"/>	Student	<input type="checkbox"/>	Private	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	ATP	<input type="checkbox"/>	Instructor	<input type="checkbox"/>

I certify that the above information is correct and hereby make application for membership in Texas Soaring Association, Inc. ("TSA"). I understand that my (and my family's) membership is subject to completion of the attached Waiver and Indemnity. If accepted, I (and my family) agree to abide by all applicable rules and regulations including those contained in Federal Aviation Regulations, and in the Constitutions and Bylaws and the Operations, Policies and Procedure Manual of TSA, including without limitation those relating to flight currency. I acknowledge and accept that each time I operate an aircraft at or from TSA I am confirming that I am in full compliance with such applicable regulations and rules. By making this application, I further acknowledge and agree that I am responsible for damage to equipment and property of TSA provided in the Operations, Policies and Procedures Manual. I certify that I do not have, nor do I have reason to know that I might have, a medical condition that would make me unable to operate a glider in a safe manner. I confirm that if I provide TSA with an email address, TSA may communicate with me for all purposes using that email address.

WITNESSED BY MY HAND THIS DAY	Name		Date	
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Probationary membership acceptance and grant of full membership is subject to approval by the Board of Directors  
Submit this form with payment of the applicable initiation fee and completed Waiver and Indemnity.

**Office Use Below This Point**

Probationary Membership Approved		Director		Director
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Account #	Entered in Billing	Initiation Fee	Orientation	Letter Sent	SSA Notified and Paid	End Probation Approval