

MEMBERSHIP APPLICATION

Membership Type			Regular	Regular		Family			Г	Student (under 22 years)			s)	Associate		
Existing SSA Member	?		-		SSA Number:				No No		.	Youth				
Existing Continuous:														<u> </u>		
					Per	sona	al Informa	ition		_						
Name							Phone									
Address										Phone	Phone					
City State					Zip			Email	Email Address							
DOB Age				Age	Age											
Family Members																
Name						Name	Name									
DOB Age									DOB	DOB			Age			
Name				•						Name	Name					
DOB				Age						DOB	DOB			Age		
Parent or Guardian (if for Student Member)																
Name Relationship																
Address										Phone						
Address										Email Address of Responsible Party (if for Student						
City				State Zip				Member)								
									l							
Other Interests, Clubs,	Activities	:														
How did you hear abou	t the Sand	dhill Soarin	g Club?													
Soaring Society of America (SSA)					Other Soaring Club:						Local Airport:					
Sandhill Club Flyer				Sandhill Club Member			er		Other							
Glider Pilot Information																
Certificates			Private			Commercial					Instructor		nstructor			
Endorsements [Aero-Tow			Ground Launch					Self Launch					
Number of Flights			Total Hours				Date Rating Earned					Flight Review Date				
Do you own a sailplane? Yes			Yes	No Manufacturer			r	N			odel	odel				
Power Pilot Information																
Certificates		Private		Commercial			Instrume	nt ATP		TP			Instructor		Other	
Endorsements		High Pe	f.	Complex			Tailwheel		T	ow Pilot						
Medical Certificate		1st			3rd			Basic Med.			None Da		Date Issue:			
Airplane Hours	Tailwhe	heel Hours Number of Glider			Tows	vs										

Have you ever been involved in an aircraft accident or incident? Yes	No If yes, please explain:								
As a volunteer, nonprofit organization, the Sandhill Soaring Club depends on the contributi thrive. Routine maintenance tasks must be carried out on a year-round basis. Some project maintenance on winches or ground tow vehicles, required skilled individuals. Other jobs, stetc., do not require as high a level of skill. Remember that the club runs on volunteers!	ets, such as aircraft fabric work, or								
Please list any special skills or interests you have that might contribute to enhancing the club									
Application Review									
Membership applications are reviewed by the club's Board of Directors during its regular monthly meetings. Acceptance of new members depends upon the current availability of membership openings, our current workload for flight instruction and/or field checkouts, and the current need for special skills such as CFIGs or tow pilots. The Sandhill Soaring Club Membership Chair will inform you of the status of your application and your position on the membership waiting list.									
Acknowledgement									
I have read and understand the club fees and general rules of the Sandhill Soaring Club, Inc., including the requirement for periodic work participation, as described in the club's current rules. I have no known medical problems or deficiencies that would preclude my safely operating a glider. I hereby make application for membership in the Sandhill Soaring Club, Inc., and in consideration thereof, I release and hold harmless the club and each of its members from any liability arising from my membership and participation in the Sandhill Soaring Club. If accepted, I (and my family) agree to abide by all applicable rules and regulations of the club, as stated in its information flyer, Bylaws and Flight Rules & Operating Procedures.									
Signature of Applicant	Data								
Signature of	Date								
Parent or Guardian A check, money order or cash must be included with this application for the amount required, based or	Date the type of membership requested,								
plus SSA dues, if not currently an SSA member.									
Sandhill Initiation Fee	\$								
SSA Annual Dues	\$								
Total Amount Included	\$								
Return this application to:									
Membership Chair, Sandhill Soaring Club, P.O. Box 1891, Brig	ahton MI 48116								
Membership Orian, dandrin doaring Olab, 1.0. box 1091, bill	ginton, wii To i i o								

BOARD OF DIRECTORS USE ONLY										
Fees Received	Board Approval	Added to Members	Added to Roster	Quickbooks	Added to WIX	Added to SSA				
Init.		Date								
SSA		Date								
Total		Date								
Date		Date	Date	Date	Date	Date	Date			