

Date: _____



ALBUQUERQUE SOARING CLUB

MEMBERSHIP APPLICATION AND AGREEMENT



PLEASE PRINT

NAME: _____ AGE: _____ NICK NAME/CALL SIGN: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____ SPOUSE: _____
 E-MAIL: _____ PHONE (H): _____
 PHONE (W): _____ PHONE (C): _____
 FLIGHT EXPERIENCE (APPROX. HOURS): _____
 GLIDER: _____ POWER: _____ AIRCRAFT OWNED: _____
 PILOT RATING(S): _____

I hereby apply for membership in the Albuquerque Soaring Club as a Regular, Family, Executive, Associate, Visiting Member, with Owner, Non-Owner rates (Circle all that apply.)

In consideration of admission and the opportunity to use and enjoy all its facilities I agree to the following:

- A. I will abide by all insurance policies of the Club By-Laws, including all future lawfully adopted amendments to them.
- B. I will be bound by all rules and regulations adopted by the Club.
- C. I do hereby agree for myself, my heirs, and assignees, to the waiver of all claims against the Albuquerque Soaring Club, and any instructor provided to me through the Club, in excess of insurance coverage held by the Club, if any, for all liability arising, I may sustain in Club aircraft, or as a result of any club activity.
- D. I understand that I must be a member of the Soaring Society of America in order to retain membership in the Albuquerque Soaring Club for more than 30 days.
- E. I agree to a liability of an amount up to 100% of the insurance deductible for damage to Club aircraft for which I am responsible while flying as a pilot-in-command. Extent of the liability shall be determined by a committee appointed by the Club President.

I do hereby affirm that the above information is true and correct and that I will be bound by this Agreement, signed this date, until such time as I cease to be a member of the Albuquerque Soaring Club in accordance with the By-Laws of the Club in effect at the time.

SIGNATURE

For persons under 21 years of age:

I, the parent or guardian of the above-named minor do hereby give my wholehearted permission and consent to my _____ to become a member of the Albuquerque Soaring Club, and I agree to be bound by and for him/her by the above conditions.

SIGNATURE

The Board of Directors hereby APPROVES DISAPPROVES this application in accordance with the By-Laws. (Circle one)

 SIGNATURE OFFICE DATE

TO SSA: PLEASE ADD TO THE ROSTER OF THE ALBUQUERQUE SOARING CLUB, CHAPTER NO. 60

Last name: _____ First: _____ MI: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Birth Date: _____ If SSA member, member number: _____

Member Type (Circle One): Member Student Family Life (SSA, Please Bill Chapter 60, ASC)

CLUB OFFICER: _____
SIGNATURE OFFICE