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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR MEMBERSHIP IN TEXAS SOARING ASSOCIATION, INC.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Insert Picture** | | |
|  | | | | | First Name | | | | | | | | | | | | Middle Initial | | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | | | |  | | |
| Name | | | | | First Name | | | | | | | | | | | | Middle Initial | | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, & ZIP Code | | | | | City | | | | | | | | | | | | | | | | | State | | | | | | | | Zip | | | | | | | | | | | | | | | | | | | |
| Home Phone (Required) | | | | | Home Phone | | | | | | | Work Phone | | | | | | | | | | | | Work Phone | | | | | | | | | Cell Phone | | | | | | | Cell Phone | | | | | | | | | | | | |
| Emergency Contact | | | | | Enter Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | Enter Contact Phone # | | | | | | | | | | | | |
| Employer | | | | | Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email | | | | | | | Enter Email Address | | | | | | | | | | | | |
| Work Address | | | | | Work Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | Date of Birth | | | | | | | | Occupation | | | | | | | | | | | | | Occupation | | | | | | | | | | | Spouse’s Name | | | | | | | | | | Spouse’s Name | | | | | |
| Height & Weight | | | | | Enter Height | | | ft | | | | | Enter Height | | | | | | | In | | | | | Enter Weight | | | | | | | | | lbs | | | | | | | | | | | | | | | | | | |
| Children’s Names | | | | | Name | | | | | Age | | | | | Name | | | | | | | | | | | | | Age | | | | | | Name | | | | | | | | | | Age | | |  | | | | | |
| Name | | | | | Age | | | | | Name | | | | | | | | | | | | | Age | | | | | | Name | | | | | | | | | | Age | | |  | | | | | |
| Total Time (hrs) | | | | | Enter Total Time | | | | | If Airplane rated, Medical Class | | | | | | | | | | | | | | | | | Enter Medical Class | | | | | | | | | | | Date of Last Medical | | | | | | | | | | | Click here to enter a date. | | | |
| Total Glider Time (hrs) | | | | | Enter Total Glider Time | | | | | | | | | | | Date of Last FAR per 61.56 accomplished in a glider (if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter a date. | | | | | | |
| In the last 5 years, have you (a) been involved in an aircraft accident or incident | | | | | Choose a response. | | | | | If so, explain | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) had your pilot’s license surrendered, suspended, or revoked | | | | | Choose a response. | | | | | If so, explain | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous soaring club/group membership (if any) | | | | | Club/Group Name | | | | | | | | | | | | | | | | | | SSA Membership # (if any) | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| FAA Pilot Certificate # | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAA Ratings Held (check those that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Glider | |  | | Student | |  | | | | | Private | | | | | | |  | | | Commercial | | | | | | | | | | |  | | | Instructor | | | | | | | |  | |  | | | | | | | |
| Airplane |  | | | Student | |  | | | | | Private | | | | | | |  | | | Commercial | | | | | | | | | | |  | | | ATP | | | | | | | |  | | Instructor | | | | | | |  |
| 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 | | | | |  | | | | | | |
| 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 | | | | | | | | | Enter name. | | | | | | | | | | | | | | | | | | | | Director | | | | | | | Enter name. | | | | | | | | | | | | | | | Director | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account # | | | Entered in Billing | | | | Initiation Fee | | | | | | | | | | | | Orientation | | | | | | | | | | | | Letter Sent | | | | | | | | SSA Notified and Paid | | | | | | | | | End Probation Approval | | | | |
| Enter Account # | | | Enter a date. | | | | Enter a date. | | | | | | | | | | | | Enter a date. | | | | | | | | | | | | Enter a date. | | | | | | | | Enter a date. | | | | | | | | | Enter a date. | | | | |