

POST MILLS SOARING CLUB

2008 Application for Membership

If this is an application for a regular/junior/youth/temporary student or private membership, please attach the appropriate payment and hand it to the Duty Officer on the field or mail it to: Treasurer, Post Mills Soaring Club, 115 English Rd. South Royalton, VT 05068.

Personal Data:

Name: _____ Date of application: _____

Address: _____ Date of birth: _____

City: _____ State: _____ Zip: _____ Phone (h): _____

Email: _____ Phone (w): _____

Invoices are sent via Email

Your address, phone numbers, and e-mail address will be available in the members only section of the Post Mills Soaring Club website WWW.FLYPMSC.ORG

Membership Type: (Please check one) Note: All fees are subject to change without notice and other restrictions may apply. See club web site for most up-to-date rates and fees.

Rates for 2008 Flying Season

	One Time Initiation Fee	Annual Dues
<input type="checkbox"/> REGULAR MEMBER	\$400	\$330
<input type="checkbox"/> ADDITIONAL FAMILY MEMBER	\$175	\$175
<input type="checkbox"/> JUNIOR MEMBER	\$400	\$330
<input type="checkbox"/> TEMPORARY STUDENT ⁴	\$150	\$330
<input type="checkbox"/> PRIVATE OWNER ¹	\$400	\$175
<input type="checkbox"/> INTRODUCTION TO SOARING ² (PROSPECTIVE MEMBER S ONLY)	\$70	
<input type="checkbox"/> ONE DAY/EVENT PRIVATE OWNER ³	\$15 + Tow Fees	

Membership in the Soaring Society of America (SSA) is required of all members of the Post Mills Soaring Club. Please go to <http://ssa.org/society/howtojoin.asp> for a membership application (this still needs work, I think it should be attached)

I AM ALREADY A MEMBER OF THE SSA My SSA# is: _____ Expires on: _____

Flying Experience and Ratings:

FAA Certificate No. (if any): _____ Do you hold a current FAA Medical Certificate? _____

Grade: Student Private Commercial CFI ATP Class: _____ Expiration Date: _____

Ratings: Glider Airplane Other _____ Date of your last Biennial Flight Review: _____

Total hours: _____ Tailwheel hours: _____

Number of Glider Flights: _____ Have you ever been the pilot in command of an aircraft involved in an accident? Yes/No _____

FAI Badges/Legs held: _____

1. In the case of a partnership or syndicate, only one partner qualifies for the private owner membership rate.
 2. \$25 will be applied to the annual dues if prospective member joins PMSC during that flying season.
 3. Available to members of other soaring clubs or by invitation by a PMSC member. AKA "Guest Fee"
 4. Temporary Student memberships are subject to approval by the Board of Directors

POST MILLS SOARING CLUB

RELEASE AND INDEMNIFICATION

I release and forever discharge the Post Mills Soaring Club, Inc., it's directors, officers, members, employees or agents (collectively "the Released Parties") acting officially or otherwise, from all claims or demands arising from damage to my property, personal injury or death which may occur from any cause during flights or flight operations, including ground activities. I agree to indemnify and hold forever harmless the Released Parties against any claims or demands made by any guest of mine who may take a flight or otherwise participate in flight or ground operations or activities and against the claims or demands of other third parties arising as a result of any flight or other activity by me involving Club aircraft, facilities or equipment.

DECLARATION

I accept financial responsibility for damage to Club aircraft and equipment caused or contributed to by me as pilot in command of Club aircraft or otherwise to the extent of the deductible portion of the insurance coverage for any accident to a Club-owned or operated aircraft in which I am a pilot or passenger or for which I am otherwise responsible. I shall not allow unauthorized or unlicensed individuals to operate the Club aircraft during the time allotted to me to operate that aircraft. I agree to abide by applicable Federal Aviation Regulations, the By Laws and Regulations of the Post Mills Soaring Club, Inc. and state and local laws, regulations, and ordinances.

I declare that I have no known physical or psychological ailments or impairments that would render me unable to operate Club aircraft and equipment. I swear and affirm that the statements contained in this Declaration are true and accurate and that I have read and fully understand the same.

(Sign above and print name below)

Date:

Witness: _____