



Member Application

We are pleased to have your interest in being a member of the Tucson Soaring Club. The procedure of application consists of three steps: one or more visits to El Tiro Gliderport; a required meeting with a designated club member to discuss details of the way the club functions and the role of members; and finally, a review by the Board of Directors of the Club.

Name *

First Name Last Name

Family Member

If applying as a family member, enter the primary member's name below. A family member pays half regular dues, but is expected to perform all duties of a regular member.

Primary member name

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

E-mail *

example@example.com

Home Number

Area Code

Phone Number

Mobile Number

Area Code

Phone Number

Work Number

Area Code

Phone Number

Spouse, if married

First Name

Last Name

Emergency Contact

This is the person we should contact in case of an emergency while you are at the airfield.

Emergency Contact Name *

First Name

Last Name

Daytime Phone *

Area Code

Phone Number

Evening Phone *

Area Code

Phone Number

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Days available to perform duty: *

Friday Afternoon

Saturday

Sunday

Aviation Experience

Please fill in any items that apply

Hours in all aircraft

Hours in gliders

Ratings

Private Airplane
Commercial Airplane
CFI Airplane
Tailwheel
Private Glider
Commercial Glider
CFI Glider
Other

Flight Review

Month Day Year

Tell us a little about yourself: your career, interests, activities, special skills or knowledge, goals, etc.. This information helps the Board become acquainted with you as you join the club: *

Soaring Society of America

If you are not a member of the SSA, please visit <https://www.ssa.org/product/ssa-membership/> to join as this is a requirement of club membership.

I am currently an SSA member in good standing

SSA Member Number

I AGREE TO ABIDE BY THE ARTICLES OF INCORPORATION, BYLAWS, AND THE STANDARD OPERATING PROCEDURES OF THE TUCSON SOARING CLUB. I WILL PARTICIPATE IN AND CONTRIBUTE TO THE VARIOUS CLUB ACTIVITIES. I UNDERSTAND THAT THE MONTHLY FEES ARE TO BE PAID PROMPTLY AND THAT I WILL BE SUBJECT TO BEING GROUNDED FROM USING CLUB EQUIPMENT IF THE CHARGES ARE NOT PAID BY THE END OF THE MONTH. I UNDERSTAND THAT I AM LIABLE FOR THE REIMBURSABLE AMOUNT, OR REPLACEMENT COSTS, (UP TO \$5,000.00) AS DETERMINED BY THE CLUB BOARD OF DIRECTORS FOR ANY DAMAGE FOR WHICH I AM RESPONSIBLE. I AGREE TO PAY ALL REASONABLE COLLECTION FEES, COURT COSTS, AND/OR ATTORNEY FEES FOR MONIES NOT PAID. *

I Accept

Date *

Month Day Year

Parent's Name if a minor

First Name Last Name

Parent's Email if a minor

example@example.com