



## Guest Member Application

We are pleased to have your interest in being a guest member of the Tucson Soaring Club. A guest membership allows a visiting pilot with their own sailplane to fly with us 5 times (up to 5 consecutive days each) during a calendar year. See the TuSC website for more details. This is for visiting pilots, and NOT to be used in lieu of a regular club membership.

### Name \*

First Name      Last Name

### 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

## 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

## 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.

## SSA member? \*

I am currently an SSA member in good standing

## SSA Member ID \*

**I AGREE TO ABIDE BY THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE TUCSON SOARING CLUB. I WILL PARTICIPATE IN AND CONTRIBUTE TO THE VARIOUS CLUB ACTIVITIES AS A GUEST MEMBER. I UNDERSTAND THAT I MUST CARRY AT LEAST \$1,000,000 LIABILITY INSURANCE ON MY SAILPLANE. \***

I Accept

**Date \***



Month Day Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Glider to be flown \***

**Glider registration \***

**Liability insurance \***

I have at least \$1,000,000 liability insurance for the above sailplane.