



## 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

## 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 AND THE BYLAWS 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