

Date received: _____ Accepted by: _____



**High Flights Soaring Club, Inc.
Membership Application**



Name _____ Birthdate _____

Spouse _____ SSA Number _____

Address _____ Zip _____

Telephones: Home _____ Office _____

(Optional) Cellular _____ Fax _____

Internet mail address(es) _____

Airman Certificate Number _____ Pilot Qualifications _____

Medical: Class _____ Date _____ BFR Date _____

Total Time _____ Hours logged in last 90 days _____

Pilot in Command time _____ Number of Glider Flights _____

Accidents/Suspensions? _____ Insurance ever cancelled or refused? _____

If yes, please explain on back

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Spouse or Emergency Contact _____ Contact's Phone _____

In addition to the above, I certify that I have no known medical defect that makes me unable to pilot a glider safely.

Applicant

Signature _____ Date _____

Do not write below line

Initiation Fee ____ SSA Dues ____ Monthly Dues ____ Duty Roster ____ HFSC Badge ____

Indemnity Agreement Signed ____ Parental Consent Completed ____ PIF Read ____

Treasurer _____ SSA _____ Secretary _____ Chief Instructor _____