

Puget Sound Soaring Association, Inc.

Application for Permanent Membership

Mail to: PSSA, Inc. P.O. Box 941, Enumclaw, WA 98022 email: pssabod@pugetsoundsoaring.org

Date: _____ First Name & MI: _____ Last Name: _____

Spouse/Partner: First Name & MI: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Pilots License #: _____ SSA # (If SSA member) _____

Date of Birth (If under 21 years of age) _____ Pilot Ratings/Certifications: _____

Medical Date: ___/___/___ FR Date: ___/___/___ PSSA Member Reviewing Docs: _____

Circle Membership Category – Annual Dues (Enter amount below)					
Regular <u>\$720 per Year</u>	Associate <u>\$720 per Year</u>	Volunteer Instructor or Tow Pilot <u>No Dues</u>	Dues-Paying Instructor or Dues Paying Tow Pilot <u>\$360 per Year</u>	Family/Youth <u>\$360 per Year</u>	Volunteer Tow- Pilot <u>No Dues</u>

The following applies to all new members:

1. *If I am not already, I am required to become a member of the Soaring Society of America (SSA). SSA membership is mandatory and dues are paid in advance by PSSA and billed to the member annually.*
2. *I will provide written notification of membership withdrawal to the PSSA board that will take effect the next monthly billing cycle following receipt of notification. All outstanding debts to PSSA are due upon termination of membership.*
3. *Dues and flying fees must be paid within 30 days of billing to avoid suspension of flying privileges. Current year dues & SSA fees must be paid in full before operating club equipment.*
4. *PSSA reserves the right to cancel membership in the event of nonpayment of dues and other accrued charges exceeding 60 days. PSSA may utilize legal avenues to recover any past due amounts.*
5. *I agree to abide by the Bylaws and Operating Rules of PSSA and conduct all activities to ensure the safety of myself and others both in flight and on the ground.*
6. *I am aware of all the inherent risks of flying in gliders, including, but not limited to, the hazards of pilot error, aircraft structural or mechanical failure, mid-air collisions, physiological disorders, the forces of nature, the actions of other persons, and my own error in judgment. I am further aware that the risks of flying could result in injury, death or other damages to me. I hereby agree that I will not hold PSSA Inc., its members, operators, officers, agents, instructors, pilots, and other unnamed assistants liable for any occurrence in connection with my participation in glider flying which may result in injury, death or other damages to me.*
7. **A signed PSSA Liability Waiver must accompany this application.**

Initiation Fee (N/A for Volunteer Instructor and Volunteer Tow Pilot)	\$50.00	
(If not already an SSA Member) SSA Membership Full/Family/Youth (pro-rated to the end of the year)	\$6.25/3.75/3.50 per month	
Equity Share (N/A for Daily, Associate, Volunteer Instructor and Volunteer Tow Pilots)	\$500.00	
Club Membership Dues (pro-rated on a monthly basis to end of year)	\$60/30/0 per month	
Other (Pilot log books, etc.)		
	Total	
Date received by PSSA:	Amount Collected	

By signing this application, I verify that the information provided to PSSA Inc. is accurate. I agree to abide by the conditions stated on this application and by the Bylaws and Operating Rules of PSSA, Inc.

Applicant's Signature _____

Parent or Guardian _____
(If Applicant is under 18)

Date: _____

Cash / Check # _____ Card/Square

PSSA Member Witness _____