



MEMBERSHIP APPLICATION

Name: _____, DOB: _____,

Mailing Address: _____,
_____.

Home Phone: (____) _____, Cell Phone: (____) _____.

Email (to receive club news and billings): _____.

In case of an emergency please notify: _____,

Relationship: _____, at phone #: (____) _____.

Pilot Certificate #: _____, Issue Date: _____,

Limitations: _____.

Ratings (check as applicable): Sport __, Student __, Private __, Comm. __, ATP __,
CFIA __, CFIG __, Glider __, SEL __, A&P __, IA __, other(s) (list) _____,
Non-current CFIA or CFIG __, Tow Pilot endorsement __, Tailwheel endorsement __.

FAA Medical Certificate (check only if current): Class 1 __, Class 2 __, Class 3 __.

Medical Expiration Date: _____.

Date last Biennial Flight Review: _____ in what type aircraft? _____.

Flight Time (total): _____ hours, **Pilot in Command (PIC)** (total): _____ hours,

SEL Time: _____, **Tail wheel Time:** _____, **Time Towing Gliders:** _____.

Glider Flights (total): _____, **Glider Time** (total): _____, **Last glider flight** (date): _____.

List various gliders flown: _____,
_____.

Any prior aircraft incidents or accidents (circle response)? Yes / No. If yes, attach page giving full details—dates, places, circumstances, FAA/NTSB report #, etc.

SSA Member #: _____, **Expiration Date:** _____.

Note: SES Members are required to maintain current, active membership in the SSA.

SSA/FAI Badges/Awards: Bronze __, Silver __, Gold __, Diamond __, Lennie __.

Former or current glider club memberships (where?): _____.

Current college student? Yes / No. If yes, where? _____.

Membership category requested (please check):

- Active**
- Active (family member)**
- Temporary**

Terms: *Southern Eagles Soaring, Inc.* (SES) is a private organization. Membership in SES is applied for by submitting this application and a release form along with payment of the initiation fee and any other required fees. A prospective new member must then be accepted by a majority affirmative vote of the *Board of Directors*. Information submitted on this application is expected to be truthful and discovery otherwise will result in the termination of SES membership. Fees, dues, and rates are set by the *Board of Directors* and are subject to change. Membership is required to use any Club equipment. A person must be an *Active* member of SES to pilot a club-owned sailplane (to include a student pilot receiving flight instruction) and/or to receive an aero tow from a club-owned tow plane. Membership requires knowledge and understanding of, and adherence to, the club's bylaws, rules, regulations, policies, and procedures, as well as the timely payment of all associated dues, fees, costs, and assessments as determined by the *Board of Directors*. It is the individual responsibility of a member to ensure that club equipment is operated with full personal knowledge and understanding of, and adherence to, all applicable federal, state, and local regulatory, licensing, and insurance requirements to include: the possession of the current and valid ratings and certificates (and, if required, a current and valid medical certificate), as well as having and maintaining the minimum flight experience and currency for the aircraft to be flown. *Southern Eagles Soaring, Inc.*, its officer or directors, or their assigns, neither assumes nor accepts any liability or responsibility for the individual acts of its members.

"I hereby certify that my application responses are true and correct, that I have read and agree to the Terms herein conveyed, that I will abide by the bylaws and operating policies and procedures of Southern Eagles Soaring, Inc., and that I have no known medical defects that would make me unable to safely pilot an aircraft."

Signature of Applicant: _____, **Date:** _____.

»»»Instructions how to submit this Membership Application:

1. Fill out and sign this *Application* and also the *Release and Indemnity Agreement*.
2. On a separate single sheet of paper, make a copy of the following:
 - FAA Airman's certificate** (both sides),
 - Driver's License** (or other government issued picture ID),
 - SSA Membership Card** (if a current member),
 - Logbook entry for most recent Biennial Flight Review**,
 - FAA Medical Certificate** (this requirement only for Tow Pilots).
3. Mail all the above documentation, together with a check for *at least \$300* initial installment towards the \$700 Initiation Fee to:

Mark Blace
Treasurer, Southern Eagles Soaring, Inc.
132 Loretta Lane
Luthersville, GA 30251

-----*Below is for Club Use Only*-----

Release ?, Fee recv'd \$_____, Date approved: _____, Officer's Initials: _____, Applicant notified ?.

Member / Guest RELEASE AND INDEMNITY AGREEMENT

I, (printed name of applicant or guest) _____, as a member, or the guest of a member, of *Southern Eagles Soaring, Inc.* (SES) wish to fly as pilot or passenger in an SES aircraft or otherwise participate in flight operations or other SES activities, and doing so entirely of my own initiative and at my own risk hereby accepts full responsibility for my actions.

Therefore, in consideration of permission extended to me by SES, through its officers and agents, to engage in such flight and/or other activities; I do hereby declare and decree that I, my family, my heirs, my executors and administrators:

1. Remise, release and forever discharge Southern Eagles Soaring, Inc. and all its members, officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of actions on account of my death or any injury to me or damage to my property which may occur from any cause during said flights and/or other activities or continuances thereof, as well as all ground and flight operations thereto, and
2. Agree to indemnify and hold forever harmless *Southern Eagles Soaring, Inc.* and all of its members, officers, agents, and employees, acting officially or otherwise, against any actions, causes of actions, claims, demands, damages, expenses and any and all other claims of damages whatsoever which may hereinafter at any time be instituted or recovered against SES by any guest or guests of mine who is a spectator or may fly or otherwise participate in flight operations and/or other activities of *Southern Eagles Soaring, Inc.*, and
3. Assume all risks, including, but not limited to personal injury or property damage in connection with flying operations of SES as a participant or spectator, and
4. State that I understand these statements hereby affirmed by me are contractual and not mere recitals. I have carefully considered the contents of this affirmation and release having read and hereby agree to each provision.
5. I state that I am in good health and assume responsibility for my physical fitness and well being to participate in SES flying and other activities.

Affirmed and enacted by my hand this ____ day of _____, 20____.

(Legal signature of applicant/guest)

(Witness' printed name and signature)

.....
IF MEMBER OR GUEST IS UNDER 18 YEARS OF AGE COMPLETE THIS PARENT'S/GUARDIAN'S RELEASE:

I, (print your name) _____, am the parent/legal guardian of

(name of minor applicant/guest) _____, who is a member or the guest of a member of *Southern Eagles Soaring, Inc.* I desire that he or she receives the benefit of full participation in the activities of *Southern Eagles Soaring, Inc.* including flight training, flying operations, ground operations, social and other activities. I have read, understand and agree to the above Release and Indemnity Agreement. In consideration of the permission extended to the above named minor member by *Southern Eagles Soaring, Inc.* to allow him or her to participate in its activities, I do hereby grant my permission and approval for the above named minor to engage in flying and any other activities as shall be made available, and do hereby confirm and agree to all the terms of this Release and Indemnity Agreement.

Additionally, I confirm and agree to be responsible for any and all debts incurred by the above named minor while he or she participates as a member of *Southern Eagles Soaring, Inc.*

Affirmed and enacted by my hand this ____ day of _____, 20____.

(Legal signature or Parent/Guardian)

(Witness' printed name and signature)