

Antelope Valley Soaring Club

Membership Application

Name _____ Phone _____ AC _____
Address _____ City _____ Zip _____
Occupation _____ Employer _____ E-Mail _____
Business Address _____ Phone _____

Pilot Ratings Held (Please check current ratings only)

Power: Student Private Commercial CFI
Glider: Student Private Commercial CFI

Experience – Power Hours Total _____ Glider Hours Total _____
Sailplane Flown Dual Solo Number of Flights

Soaring Badges Held (List all partial requirements)

Silver _____
Gold _____
Diamond _____

Memberships in other soaring clubs: SSA# _____
_____ Date _____
_____ Date _____

I understand that my membership fee is due and payable on my initiation to the AVSC. I understand that membership in the Soaring Society of America is mandatory for all members of AVSC. I will pay my SSA dues to AVSC in April of each year. I have received, understand, and agree to the current club Bylaws, Rules and Regulations. I acknowledge that I have read the Member Hold-Harmless and Release Agreement, and know and understand the content thereof.

Signature of Applicant Date

Signature of Parent or Guardian Date
(for applicants under 18 only)

Signature of Sponsor Date