

**TREASURE COAST SOARING CLUB, INC.**  
**Membership Application**  
**New Hibiscus Airpark**

Revised Oct 2018

Please Print Legibly

**General Information** (Application Date \_\_\_\_\_)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer (School if Student) \_\_\_\_\_

**Flying Information**

Current SSA member? Yes \_\_\_\_\_ No \_\_\_\_\_ Membership # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Pilot License # \_\_\_\_\_ Ratings/Limitations \_\_\_\_\_  
FAA Medical Class \_\_\_\_\_ Date of Last FAA Medical \_\_\_\_\_  
Most Recent PIC Flight: Date \_\_\_\_\_ Make/Model of Aircraft \_\_\_\_\_  
Flight Review: Date \_\_\_\_\_  
Glider Experience: # of Tows \_\_\_\_\_ Hours \_\_\_\_\_ Aero \_\_\_\_\_ Winch \_\_\_\_\_ Auto \_\_\_\_\_  
Self \_\_\_\_\_  
Tow Pilot Experience: # of Tows \_\_\_\_\_ Make Model of  
Aircraft \_\_\_\_\_  
Instructor Experience: \_\_\_\_\_  
Are you interested in becoming a Glider Instructor? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you interested in becoming a Tow Pilot? Yes \_\_\_\_\_ No \_\_\_\_\_  
Aircraft Owned: Make/Model \_\_\_\_\_ Tail Wheel Hours \_\_\_\_\_

***Read and Sign this Application and Release on reverse side.***

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**Office Use Only ---Club Director or Officer MUST Complete**

Account Number Assigned (3 digit) \_\_\_\_\_  
Membership Type: Full \_\_\_\_\_ Family \_\_\_\_\_ Youth \_\_\_\_\_ Special \_\_\_\_\_  
Amount Paid: Initiation: \$ \_\_\_\_\_ Dues: \$ \_\_\_\_\_ SSA \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Square \_\_\_\_\_ **Responsible Club/Board Member**

\_\_\_\_\_

**Treasure Coast Soaring Club, Inc.**

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I agree to abide by all TCSC rules and regulations as documented in the Bylaws and the Operating Procedures. I agree to volunteer to participate and contribute to the various club activities.

For the purposes of this Application, including the waiver of claims and giving of indemnity herein, (i) TCSC means its members, directors, officers, employees, agents, representatives, volunteers, pilots (including tow pilots and flight instructors), contractors and premises, or any of them, and (ii) "TCSC Flying Activities" means anything connected with my presence on the property used by TCSC, participation in the activities of TCSC, flying in any aircraft at TCSC, receiving flight instruction and/or glider towing services at TSCS, and operation of any aircraft or other equipment at TCSC.

I UNDERSTAND THAT PARTICIPATION IN GLIDING AND SOARING ACTIVITIES, BOTH IN THE AIR AND ON THE GROUND, IS OR MAY BE HAZARDOUS AND MAY RESULT IN ACCIDENT, INJURY OR DEATH, AND I HEREBY VOLUNTARILY ACCEPT SUCH HAZARD AND RESULT.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_ Name (Print) \_\_\_\_\_

**PARENT/GUARDIAN CONFIRMATION AND CONSENT (for applicants under the age of 21)**

I hereby confirm that I have read and consent to and approve the foregoing application by my son/daughter/ward. I also understand that I am financially responsible for all costs incurred by this youth member until he/she reaches the age of 21.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Name (Print) \_\_\_\_\_

**ALL NEW MEMBERS**

I hereby agree as a condition of membership during at least the first year to participate in TCSC activities, to attend business and safety meetings, to volunteer for task assignments and to report at the field for assigned duties at least one weekend day each month.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (Print)

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