

Caesar Creek Soaring Club - Membership Application

General Information

Full Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Male _____ Female _____ E-Mail _____

Spouse _____

Citizenship _____

Emergency Contact _____ Relationship _____

Address _____ City _____ State ____ Zip _____

Phone Number _____

Employer _____ Address _____

Have you ever been convicted of a felony? Yes _____ No _____ Year _____

Have you ever had a DUI? Yes _____ No _____ Year _____

Flying Information

Are you a SSA member? Yes __ No __ Membership No: _____ Exp. Date _____

Pilot License Number _____ Ratings & Limitations _____

FAA Medical Class _____ Date of Last FAA Medical _____

Most recent PIC Flight: Date _____ Make/Model of Aircraft _____

Glider Experience: Number of Tows _____ Auto _____ Aero _____ Winch _____

FAI Soaring Awards Held _____

Tow Pilot Experience: Number of Tows _____ Make/Model of Aircraft _____

Instructor Experience _____

Are you interested in becoming a Glider Instructor? Yes __ No __ Tow Pilot? Yes __ No __

Aircraft Owned: Make/Model _____

Have you ever had an aircraft accident? Yes _____ No _____

If "Yes", please provide details of the accident on a separate sheet.

How did you hear about CCSC _____

I agree to abide by the By-Laws and Uniform Operating Procedures of the Caesar Creek Soaring Club. I understand that membership in CCSC does not invest me with personal ownership of any club assets, but entitles me to use such equipment. I also understand and agree to the policies concerning stock purchase and the payment of interest on my stock subscription.

Applicants Signature _____ Date _____

Parents Signature (for minor) _____ Date _____

CCSC Board of Trustees _____ Date _____

Please Note: All membership applications are subject to the review of the CCSC Board of Trustees.

Submit completed application form and initiation fee to: Caesar Creek Soaring Club, PO Box 918. Waynesville, OH 45068

Office Use Only

Account Number Assigned _____ Type of Membership: Full / Youth / Family

Amount Paid: Initiation \$ _____ Stock \$ _____

Data Base _____ Newsletter _____ Membership sent to SSA _____ Board Copy _____