

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 _____
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.

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 _____

