

CENTRAL CALIFORNIA SOARING CLUB
APPLICATION FOR MEMBERSHIP
(Please print or Type)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (Cell) _____

E-mail _____

FAA License # (no SSNs please) : _____

SSA #: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

MEMBERSHIP DUES/FEES

(Please Check as Appropriate)

- \$100.00 Membership Fee - Club Enrollment Fee (Self and Family)
- \$120.00/Quarter Dues (*) - Full Member Privileges
- \$25.00/day 1 day Guest Membership - no enrollment fee
- \$10.00/Month Student Member - Available to persons 22 years of age or less, and school enrolled full-time
School Name: _____

Annual Membership: Soaring Society of America

Club members are required to join the SSA as a membership obligation

[This amount to be paid directly to the SSA; membership forms available.]

(*) In conjunction with the above monetary responsibilities, members are obligated to contribute volunteer labor towards club maintenance, aircraft care and at the CCSC's annual spring soaring competition (which benefits the club and soaring in general). At any time I may declare myself an inactive member and be relieved of the quarterly \$120.00 dues. The period of inactivity shall not be shorter than six (6) months otherwise I will be required to pay dues as if membership had continued in active status. The cost of inactive status is \$25.00/year.

Would you please take a moment to tell us how you heard about the Central California Soaring Club?

RELEASE OF LIABILITY AND ASSUMPTION OF RISK (READ CAREFULLY)

I hereby apply for membership in the CENTRAL CALIFORNIA SOARING CLUB. I acknowledge that soaring and other flight related activities are potentially dangerous, and that accidents may result in injury or death.

I acknowledge that Central California Soaring Club, its officers, its members, the city of Avenal, and The Airport Investment Corporation (hereinafter the "Releasees") have given me no undertakings, guarantees, warranties, or representations whatsoever as to the safety of flight activities.

I hereby release, forever discharge, and covenant not to sue the Releasees, from all liability and responsibility, whether in tort, contract, or otherwise, for any injury, loss, or damage suffered by me in conjunction with flight related activities, including property loss or bodily injury or death, however caused, including the negligence, gross negligence or willful misconduct of the Releasees.

I hereby agree to indemnify and save harmless the Releasees from all claims, demands, actions, and causes of action by any other person, including my heirs, executors, insurers, successors and assign in consequence of any injury, loss or damage suffered by me in connection with flight activities. This Agreement binds my estate and will enure to the benefit of the estates of the Releasees.

I have read the above and understand it. I am entering into this Waiver and Liability Exclusion Agreement of my own free will and not under duress.

APPLICANT SIGNATURE: _____ DATE: _____

PARENT or GUARDIAN SIGNATURE: _____

(Parent or guardian's signature required if applicant is less than 18 years of age)

PAYMENT INFORMATION

Amount Enclosed: \$ _____

Signature: _____

Date: _____

Mail Membership Form and Dues to:
Central California Soaring Club
600 La Neva Boulevard
Avenal, CA 93204