

Puget Sound Soaring Association, Inc.

Membership Application

Mail to: PSSA, Inc. c/o Stefan Perrin, 5067 38th St. NE, Tacoma, WA 98422 Ph: 253-927-9183

Date: _____ First Name and MI: _____ Last Name: _____
 Spouse/Partner: _____ Street Address: _____
 City: _____ State: _____ ZIP: _____ Home Phone: _____
 Work: _____ Cell: _____ Email: _____
 Pilots License #: _____ Date of Birth: _____ (If under 22) SSA # (If SSA member) _____

Circle Membership Category					
Regular \$576 per Year.	Associate* \$576 per Year (1 Year Limit)	Instructor Only	Dues-Paying Instructor \$288 per Year	Family/Youth \$288 per Year	Tow pilot Only

*** The following paragraph applies to Associate Members only:**

Puget Sound Soaring Association (PSSA) waives the requirement for the purchase of an equity share in the Club's assets for a period of one year from the date of this application. At the end of that year, it will be necessary to purchase an equity share at the prevailing rate in order to remain in the Club. The associate membership entitles the member to participate in all Club activities the same as any regular member, except that a) you cannot hold office or vote on matters of Club business, b) you must pay glider rental and associated tow fees on the day they are incurred.

The following applies to all new members:

1. If I am not already, I am required to become a member of the Soaring Society of America (SSA). SSA membership is mandatory and dues are paid in advance by PSSA and billed to the member annually.
2. I will provide written notification of cancellation to the PSSA board which will take effect the next monthly billing cycle following receipt of notification.
3. Dues and flying fees must be paid within 30 days of billing to avoid suspension of flying privileges. All outstanding debts to PSSA are due upon termination of membership.
4. PSSA reserves the right to cancel membership in the event nonpayment of dues and other accrued charges exceed 120 days. PSSA may utilize legal avenues to recover any due amounts.
5. I am aware of all the inherent risks of flying in gliders, including but not limited to, the hazards of pilot error, aircraft structural or mechanical failure, mid-air collisions, physiological disorders, the forces of nature, the actions of other persons, and my own error in judgment. I am further aware that the risks of flying could result in injury, death or other damages to me. I hereby agree that I will not hold liable in any way the PSSA nor its members, operators, officers, agents, instructors, pilots, and other unnamed assistants for any occurrence in connection with my participation in glider flying which may result in injury, death or other damages to me. **A signed PSSA Liability Waiver must accompany this application.**
6. I agree to abide by the Bylaws and operating rules of PSSA and conduct all activities to ensure the safety of myself and others both in flight and on the ground.

Initiation Fee <i>(N/A for Instructor or Tow Only Members)</i>	\$50.00	
<i>(If not already an SSA Member)</i> SSA Membership Full/Family or Youth (pro-rated to the end of the year)	\$64.00/\$36.00	
Equity Share <i>(N/A for Associate, Family, Instructor Only or Tow Only Members)</i>	\$300.00	
Dues (pro-rated to end of year)	\$48/month (see reverse)	
Other (Pilot log books, etc.)		
Total Enclosed		

By signing this application I verify that the information provided to PSSA Inc. is accurate. I agree to abide by the conditions stated on this application and by the Bylaws and operating rules of PSSA, Inc.

Applicant's Signature: _____

Parent or Guardian: _____
(If Applicant is under 18)

Date: _____

Date received by PSSA: _____ Amount Collected: _____

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PSSA Pro-Rated Dues Schedule		
Join before 15th of:	Annual Dues	2 Payments
January	\$576.00	\$288.00
February	\$528.00	\$264.00
March	\$480.00	\$240.00
April	\$432.00	\$216.00
May	\$384.00	\$192.00
June	\$336.00	\$168.00
July	\$288.00	\$144.00
August	\$240.00	\$120.00
September	\$192.00	-
October	\$144.00	-
November	\$96.00	-
December	\$48.00	-

Note: Future dues are billed semi-annually for ½ total amount.

SSA Dues Schedule		
Join within month of:	Full Dues	Family / Youth Dues
January	\$64.00	\$36.00
February	\$58.67	\$33.00
March	\$53.33	\$30.00
April	\$48.00	\$27.00
May	\$42.67	\$24.00
June	\$37.33	\$21.00
July	\$32.00	\$18.00
August	\$26.67	\$15.00
September	\$21.33	\$12.00
October	\$16.00	\$9.00
November	\$10.67	\$6.00
December	\$5.33	\$3.00