Puget Sound Soaring Association, Inc.

**Application for Permanent Membership**

**Mail to: PSSA, Inc.** P.O. Box 941, Enumclaw, WA 98022
email: 2022board@pugetsoundsoaring.org

**Date: First Name & MI: Last Name: Spouse/Partner: First Name & MI: Last Name: Street Address: City: State: ZIP:**

**Home Phone: Work: Cell Email: Pilots License #: SSA #** (If SSA member) **Date of Birth** (If under 21 years of age) **Pilot Ratings/Certifications:**

# Medical Date: / FR Date: / PSSA Member Reviewing Docs:

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| **Circle Membership Category – Annual Dues** **(Enter amount below)** |
| **Regular*****$960 per Year*** | **Associate*****$960 per Year*** | **Volunteer Instructor or Tow Pilot****No Dues** | **Dues-Paying Instructor or Dues Paying Tow Pilot*****$600 per Year*** | **Family/Youth*****$480 per Year*** |

**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 Puget Sound Soaring Association, Inc. (PSSA) and billed to the member annually.*
2. *I will provide written notification of membership withdrawal to the PSSA board that will take effect the next monthly billing cycle following receipt of notification. All outstanding debts to PSSA are due upon termination of membership.*
3. *Dues and flying fees must be paid within 30 days of billing to avoid suspension of flying privileges. Current year dues & SSA fees must be paid in full before operating club equipment.*
4. *PSSA reserves the right to cancel membership in the event of nonpayment of dues and other accrued charges exceeding 60 days. PSSA may utilize legal avenues to recover any past due amounts.*
5. *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.*
6. *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 or others. I hereby agree that I will not hold PSSA Inc., its members, operators, officers, agents, instructors, pilots, and other unnamed assistants liable for any occurrence in connection with my participation in glider flying which may result in injury, death or other damages to me or others.*
7. ***A signed PSSA Liability Waiver must accompany this application.***

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| **Initiation Fee** *(N/A for Volunteer Instructor and Volunteer Tow Pilot)* | $50.00 |  | 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:**  |
| *(If not already an SSA Member)* **SSA****Membership Full//Family/Youth** (pro- rated to the end of the year**)** | $75/45/42 per year, pro-rated |  |
| **One-Time Membership Fee** *(N/A for Daily, Associate, Volunteer Instructor and Volunteer Tow Pilots)* | $500.00 |  |
| **Club Membership Dues Regular / Dues-Paying Instructor or Tow Pilot/ Youth or Family** | $960/600/480 per year, pro-rated |  |
| **Social Membership Dues** (includes one non-transferrable flight coupon per year) |  $75 per year |  |
|  **Other** (Pilot log books, etc.) |  |  |
|  | Total |  |
| Date received by PSSA: | Amount Collected |  | Cash / Check # Card/Square |

# PSSA Member Witness

**Revised 2022 February 17 For temporary (30-Day or daily) membership use the green form Blue Form**