



GBSC 90-Day Trial Membership Application

Please complete this form and send it to the GBSC Treasurer, along with a personal check, made out to "GBSC" in the amount indicated below. See the Steps to Join GBSC Checklist on www.soargbsc.com for the mailing address. Please contact the Membership Director with any membership questions at membership@soargbsc.com. Contact the Treasurer with any questions about payments at treasurer@soargbsc.com

Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt/unit #

City State Zip Code

Home Phone: () _____ **Email:** _____

Cell Phone: () _____ **Work Phone:** () _____

Signature: _____ **Date:** _____

Note: Your address, phone numbers, and e-mail address will be distributed and available to all member

Amount to be submitted with the application: \$500 which consist of the following:

Non-refundable 3 month membership dues \$250

Initial Flight Credit

\$250

Trial members are required to maintain a balance of at least \$100 in their account to be used towards flight time. Members will receive a statement monthly detailing the previous months activity and if additional payment is required. Unused flight credit is fully refundable at either the completion of the trial membership period or upon cancellation of the membership.

If a trial membership is converted into a regular membership, any unused flight credit will be applied towards the regular membership account.

GBSC requires all members to join the Soaring Society of America (SSA).

My SSA# is _____ Expires _____

Flying Experience and Ratings:

Power Ratings _____ Hours: _____

Glider Ratings: _____ Number of glider flights _____ Hours _____

Pilot Certificate number _____

Do you hold a current FAA medical certificate? _____ Class ____ Expiration:

Date of your last Biennial Flight Review: _____

Have you ever been the pilot in command of an aircraft involved in an accident (Yes/No)? If yes, please describe the accident on an additional sheet of paper.

DECLARATION AND WAIVER

I DECLARE that I have no known physical or psychological defects which would render me unable to pilot a glider. I also agree to release and forever discharge the **Greater Boston Soaring Club Inc., and the MIT Soaring Association Inc., their officers, directors, agents and employees,** (hereinafter referred to as **"Released Parties"**) acting officially or otherwise, from any and all claims, demands, actions or causes of action resulting in my death or resulting in any injury to me or my property which may occur from any cause during said flights or flight activity or continuance thereof, as well as during all ground and flight operations instant thereto. I also agree to indemnify and hold forever harmless the **"Released Parties"** against any actions, causes of action, which may hereafter at any time be instituted or recovered against the **"Released Parties"** by any guest or guest of mine who may take a flight or otherwise participate in flight operations and other activities of the **"Released Parties"**.

I ACCEPT FINANCIAL RESPONSIBILITY for damage resulting to the **Greater Boston Soaring Club** equipment to the extent of the deductible portion of the insurance coverage for any accident to a Club-owned glider in which I am pilot-in-command or am otherwise legally responsible for such damage.

I AGREE TO ABIDE by the applicable Federal Aviation Regulations, the By-Laws and Regulations of the **Greater Boston Soaring Club Inc.,** state and local laws, regulations, and ordinances.

I hereby certify that the statements contained in this membership application are true and accurate and that I have read and fully understand the above. I further certify that I am financially able to pay any foreseeable financial obligations and liabilities incurred through this membership, to include all dues, fees, flight charges and agree that my account will be settled when billed. Agreeing to all of the above I hereby apply for membership in the **"Greater Boston Soaring Club, Inc."**

this _____ day of _____, 20__.

Applicant: _____ Witness _____

Note: All members of GBSC receive a membership to the MIT Soaring Association.

IF APPLICANT IS UNDER THE AGE OF 21:

Inasmuch as the applicant is under the age of 21, I hereby give my consent for him/her to join **GBSC** and agree to assume full financial responsibility for the payment of all dues, fees, flight charges and/or other liabilities and obligations which she/he incurs. I also agree to release and forever discharge the **"Released Parties"**, acting officially or otherwise, from any and all claims, demands, actions or causes of action resulting in the applicant death or resulting in any injury to her or his property which may occur from any cause during said flight or flight activity or continuance thereof, as well as during all ground and flight operations incident thereto.

Signed: _____ Date: _____ Relationship: _____ Witness _____

IN CASE OF INJURY PLEASE NOTIFY:

Name: _____ Relationship: _____ Phone# _____

Address: _____

(Street) (City) (State) (Zip Code)

Date application accepted and approved by the **GBSC Board of Directors:** _____

Amount Paid

Dues _____

Credits _____

Total _____