



# GBSC 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](http://www.soargbsc.com) for the mailing address. Please contact the Membership Director with any membership questions at [membership@soargbsc.com](mailto:membership@soargbsc.com). Contact the Treasurer with any questions about payments at [treasurer@soargbsc.com](mailto:treasurer@soargbsc.com)

Date: \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Membership Type:** (Please check one) Membership billing year is January through October

- Regular Member** \$650 dues / \$500 initiation fee (See table for amount to enclose with form)
- Tow Pilot/Instructor** \$650 dues / \$250 initiation fee (See table for amount to enclose with form)
- Family/Student Member** \$450 dues / \$250 initiation fee (See table for amount to enclose with form)
- Junior** – \$100 (Enclose \$100 with this form)

Amount Due with Application based on joining month.  
 Remaining dues billed at \$35/month through October.  
 Juniors only pay annual dues of \$100

|                          | Initiation<br>1/2 billed upon joining<br>1/2 billed Jan. of second year | Annual Dues | January | February | March | April | May   | Jun   | July  | August | September | October |
|--------------------------|---|-------------|---------|----------|-------|-------|-------|-------|-------|--------|-----------|---------|
| Regular                  | \$500*  | \$650*      | \$585   | \$620    | \$655 | \$690 | \$725 | \$760 | \$715 | \$685  | \$560     | \$480   |
| Tow Pilot/<br>Instructor | \$250*  | \$650*      | \$460   | \$495    | \$530 | \$565 | \$600 | \$635 | \$590 | \$560  | \$435     | \$355   |
| Family/Student           | \$250*  | \$450*      | \$260   | \$295    | \$330 | \$365 | \$400 | \$435 | \$420 | \$410  | \$335     | \$285   |
| Junior                   |   | \$100*      | \$100   | \$100    | \$100 | \$100 | \$100 | \$100 | \$100 | \$100  | \$100     | \$100   |

\* Rates subject to change without notice. Initiation fee waived for active military personnel.

**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: \_\_\_\_\_

List any gliding clubs to which you have belonged in the past: \_\_\_\_\_

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**

Initiation Fee \_\_\_\_\_

Dues \_\_\_\_\_

Credits \_\_\_\_\_

Total \_\_\_\_\_

Revised 1/6/24 DSS