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# Membership Application Form

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*PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS FORM AND ATTACH A CHECK  
PAYABLE TO "SOARING TIGERS" FOR DUES IN THE AMOUNT LISTED IN THE  
CLUB MEMBERSHIP MANUAL*

## Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Birth date: \_\_\_\_\_ Weight (clothed) \_\_\_\_\_

## COVID-19 Inoculation Information

Which type of COVID-19 vaccine have you taken for your Soaring Tigers required inoculation?

- Pfizer
- Moderna
- J&J

What was the day / month / year of your last vaccination? \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Status and Occupation

High school student: \_\_\_\_\_ Institution/Class: \_\_\_\_\_

Full time college/university student: \_\_\_\_\_ Institution/Class: \_\_\_\_\_

Graduate student: \_\_\_\_\_ Date studies to finish: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Professional expertise: \_\_\_\_\_

## SSA Membership

To be covered by our insurance policy ALL Soaring Tigers flying members MUST also be current SSA members. If you are not, then you MAY NOT FLY until this occurs.

SSA membership number: \_\_\_\_\_ Date of SSA membership expiration: \_\_\_\_\_

## Flight Experience

### *Glider rating(s)*

Solo: \_\_\_ Private: \_\_\_ Commercial: \_\_\_ CFIG: \_\_\_

Total glider hours: \_\_\_\_\_ Total glider flights: \_\_\_\_\_

Sailplanes & sights flown: \_\_\_\_\_

What is the date of your last 61.56 glider Flight Review? \_\_\_\_\_

*Please review the club's WINGS credit requirement for completing a Flight Review with a club instructor. Also, on [www.soaringtigers.org](http://www.soaringtigers.org) please see the MEMBER INFO / Soaring Tigers Membership Manual / Club Flight Review section.*

### *Power rating(s)*

Solo: \_\_\_ Recreational: \_\_\_ Private: \_\_\_ Commercial: \_\_\_ Instrument: \_\_\_

Total power hours: \_\_\_\_\_ Total power flights: \_\_\_\_\_

Aircraft flown: \_\_\_\_\_

Have you ever been a member of another flying or soaring club? If so, then please describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an aircraft accident? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been rejected for a pilot's license or had a license revoked? If so, please explain:

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What skills or interests do you have that will be useful to the club? (e.g., Web page design, mechanic, graphic design, legal, insurance or investment expertise)

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## Agreement

\_\_\_\_\_ I have read the complete "Soaring Tigers Membership Manual" and agree to comply with the applicable Federal Aviation Regulations, club insurance policy, airport rules and regulations, and the club rules as set forth in this manual.

\_\_\_\_\_ I have read, completed, signed, and attached the "*Soaring Tigers Member Release From Liability*" document.

\_\_\_\_\_ I understand that the Soaring Tigers is a club and that as a member I am obligated to provide a reasonable amount of time each year to do my share to assist in the operation of the organization.

All statements that I have made are accurate and true.

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