

Membership Application
Tampa Bay Soaring Society, Inc. (TBSS)
40223 Sunpath Ave. Zephyrhills, FL. 33540

Applying for: Full Family Student Eight Day Effective Date: _____

Name: _____ Birthday: Month _____ Day _____ Year _____

If **Family Membership**, give name of **Active Member**: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone Residence: _____ Work: _____ Other: _____

Occupation: _____ Spouse's Name: _____

How did you hear of Tampa Bay Soaring Society: _____

Flying Experience

FAA Ratings Held: Glider: _____ Hours: _____ Type: _____

Power: _____ Hours: _____ Type: _____

FAA Medical (not required for gliders) Class: _____ Expires: _____

SSA Card Number: _____ Paid to Month: _____ Year: _____

Special Interest/Skills Beneficial To TBSS, Inc.

List: _____

Interest in towing: YES NO Available for duty on: Wednesdays Saturdays Sundays Other: _____

Emergency Information

In case of an emergency, Notify: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Country: _____ Zip: _____

Do you have any **Handicaps** or **Medical Alerts**? YES NO

If 'YES' please explain: _____

I agree to abide by the Articles of Incorporation, the Bylaws and Operating Procedures of the Tampa Bay Soaring Society, Inc. I will participate and contribute to the various club activities. I understand that I am liable for the non-reimbursable amount, or replacement cost (up to \$500.00) as determined by the TBSS Board of Directors for any damage of TBSS equipment for which I am responsible. I agree to pay all reasonable collection fees, court cost and/or attorney fees for moneys not paid.

Signed: _____ Date: _____

Parent or Guardian: _____ Date: _____

Approved by TBSS Officer: _____ Date: _____

Fees Paid: Initiation: \$ _____ Dues: \$ _____ SSA: _____ Total: _____

Paid by Cash Check # _____