

Shenandoah Valley Soaring, Inc.

www.svsoar.org

Application for Membership (updated 2/25/08):

Trial Regular Junior Sustainer Re-joining Other _____

Personal Data:

Name: _____ DOB if under 18: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ Home phone: ___/___

Work phone: ___/___ Cell phone: _____

email: _____ Occupation: _____

Spouse _____ Family members that may be flying on your membership (include children DOBs): _____

Pilot Information: FAA Pilot Certificate held: _____ Ratings _____

Other FAA Cert: _____ Ratings _____

Total Flight Hours: _____ Hours in sailplanes: _____ Number of Flights in Sailplanes: _____

Types of sailplanes flown: _____

Types of powered aircraft flown: _____

FAI badges held: _____ Are you a member of SSA? _____ SSA # _____

Are you interested in towing? _____ Types of tow planes flown: _____

Date of last Flight Review (FAR 61.56): ___/___/___

Types of aircraft owned: _____

Are you a member of a Soaring Club? _____ If yes, club name and phone# of club officer for verification: _____

Check below if you have ever

- been cited by the FAA for a violation of the FARs
- been denied the use of an aircraft by a club, FBO, or commercial operator for a safety regulation of violation of the FARs
- been the cause of an insurance claim for damage to an aircraft

please explain on the reverse side or a separate attachment.

PLEASE READ, SIGN, AND DATE ON REVERSE SIDE

