



# Long Island Soaring Association

## Request for Membership

To be completed by the Membership Chairman

	First Reading
	Second Reading
	No. Intro rides
	Date of Membership

### Personal Data

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIPCODE \_\_\_\_\_ E-MAIL \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

PHONE (HOME/WORK) \_\_\_\_\_ Occupation \_\_\_\_\_

Your address, phone numbers, and e-mail address will be distributed to all members of L.I.S.A. We also use e-mail to notify you of timely information

### Credentials

FAA Pilot Certificate # \_\_\_\_\_ FAA Ratings held \_\_\_\_\_

Limitations \_\_\_\_\_

Do you hold a current FAA medical certificate? \_\_\_\_\_ Class \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date of your last FAR 61.56 Flight Review: \_\_\_\_\_

List the last 3 airports you have flown from \_\_\_\_\_

List other clubs in which you are or were a member \_\_\_\_\_

SSA Member – YES---NO, Membership # \_\_\_\_\_

Sailplane/Aircraft owned? \_\_\_\_\_

Do you hold a valid FAA mechanic's Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

What type do you hold? \_\_\_\_\_

## Flying Experience

Total Flight Time combined glider and airplane (Hours) \_\_\_\_\_

Total Glider Time (Hours)		Total number of sailplane flights	
Total Power time (Hours)		Total Tail Wheel Hours	

List types of gliders flown (dual and solo) \_\_\_\_\_

List F.A.I. Badges for Soaring and Badge legs completed \_\_\_\_\_

List types of powered aircraft flown \_\_\_\_\_

In the last 5 years, have you been involved in an aircraft accident or incident? Yes / No

In the last 5 years have you had your pilot's license surrendered, suspended or revoked? Yes / No  
*Please explain on separate sheet*

## General Information

How did you become interested in the sport of soaring? \_\_\_\_\_

How did you become acquainted with the activities of LISA? \_\_\_\_\_

Why do you want to become a member? \_\_\_\_\_

What can you contribute to LISA? (Talent, trade) \_\_\_\_\_

## References

Please give one LISA Member's name as a reference for membership. This person should know something about your flying experience, interest in aviation or general character

Member Name \_\_\_\_\_

I have accurately completed the above questions and now wish to request membership in the Long Island Soaring Association

Welcome to L.I.S.A and the sport of Soaring!

**DECLARATION AND WAIVER**

**I DECLARE** that I have no known physical or psychological defects which would render me unable to pilot a glider.

**I ACCEPT FINANCIAL RESPONSIBILITY** for damage resulting to the **Long Island Soaring Association 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 Club Regulations of the **Long Island Soaring Association**, state and local laws, regulations, and ordinances.

I hereby certify that the statements contained in this membership application are true and accurate. 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 "**Long Island Soaring Association.**" this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant Signature: \_\_\_\_\_

**IF APPLICANT IS UNDER THE AGE OF 18:**

Inasmuch as the applicant is under the age of 18, I hereby give my consent for him/her to join **L.I.S.A** 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_