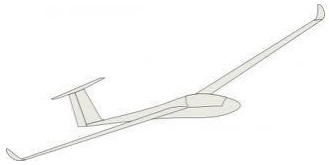
PIEDMONT SOARING SOCIETY, Inc.
MEMBERSHIP APPLICATION



NAME:
(first) (middle) (last)

ADDRESS:
(street) (city, state, zip)

PHONE NUMBER:

EMAIL ADDRESS:

SSA MEMBER NUMBER:

New members will be enrolled by the Club Secretary or Treasurer. (Preferred method)

GLIDER RATINGS:

Student Pilot Certificate No.

Private Pilot Certificate No.

Commercial Pilot Certificate No.

Instructor Rating Certificate No.

Please list other ratings held related to aviation:

Please circle type of membership: Active Student Family

I, _____ , am requesting membership to Piedmont Soaring Society on Date: _____.
I have been presented with the latest revision of the PSS Bylaws, Standard Operating Procedures, and Schedule of Fees, have read and understand their purpose and agree with their content. I agree not to create or pursue any claims of liability against the society.

Signature of Applicant:
If the applicant is under 18, signatures from both parents are required to comply with the consent and release of liability statement as per Bylaws Article IV section 4.

IF UNDER AGE 18: DATE OF BIRTH: _____/_____/_____ AGE: _____
Signature of Parent(1)_____(2)_____

Forward application and fees to: Piedmont Soaring Society
812 Hillcrest Dr.
High Point, NC 27262

edwhitenc@northstate.net