CASCADE SOARING SOCIETY, INC.
One Pangborn Drive #L
East Wenatchee, WA 98802

APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME: _____DATE: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____E-MAIL ADDRESS:_____

EMERGENCY CONTACT
NAME: _____PHONE:_____

PILOT CERTIFICATE NUMBER: _____
SSA ID: _____ EXPIRES ON: _____

GLIDER INSURANCE PROVIDER _____
POLICY NUMBER: _____ LIABILITY COVERAGE: _____
POLICY PERIOD FROM: _____ TO: _____

FLYING EXPERIENCE

GLIDER

HOURS: _____
RATINGS: _____
AWARDS/BADGES: _____
OTHER: _____

POWER

HOURS: _____
RATINGS: _____
TOWING: _____
OTHER: _____

HAS PILOTS CERTIFICATE EVER BEEN REVOKED? _____
SUSPENDED? _____ ISSUED WITH WAIVER? _____
HAS PILOT EVER BEEN INVOLVED IN AN ACCIDENT? _____
IF YES, PLEASE EXPLAIN:
_____
_____
_____
_____
_____

GLIDER PILOTS DO NOT REQUIRE A MEDICAL CERTIFICATE. BUT MUST BE ABLE TO SAY THE HAVE NO HEATH CONCERN THAT WOULD PUT THEMSELVES OR OTHERS IN DANGER.
PLEASE SIGN IF YOU HAVE NO HEALTH CONCERNS: _____

BOARD ACTION: _____