

Application for Membership London Soaring Society

Date (dd/mm/yyyy): ___/___/_____

Membership class: Full
Family
Associate

Surname: _____ Given name: _____

Date of Birth: _____ Occupation: _____

I was under the age of 18 years at the start of this calendar year.

Significant other's name: _____ (Some of us have short memories!)

Mailing address: _____

City: _____ Postal Code: _____

Telephone Residence: _____ Work: _____ Cell: _____

Email address: _____ (Our regular method of communication.)

Optional information – Some things you might want to share with us:

Flying Experience

Glider:	No. flights _____	Hours _____	Instructor: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private power:	No. flights _____	Hours _____	Instructor: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: _____	No. flights _____	Hours _____	Instructor: Yes <input type="checkbox"/>	No <input type="checkbox"/>

Licences/endorsements held: _____

Interested in towing? Yes No

Personal Interests/Skills that may be beneficial to LSS: _____

How did you learn about London Soaring? _____

Is there anything you would like us to know about your medical condition?

Complete the Statement of Informed Consent on the reverse side

Welcome to London Soaring!

London Soaring Society and Soaring Association of Canada Statement of Informed Consent

I, _____ OF _____
Please print full name City/town/township
_____ TELEPHONE _____
Province

do hereby accept all responsibilities of membership in the London Soaring Society (hereinafter referred to as LSS) and the Soaring Association of Canada (hereinafter referred to as SAC) and shall obey all the By-laws and Operating Rules of the LSS and SAC.

I certify that the information provided in this application is true and correct to the best of my knowledge. I agree to respect club property and abide by club rules.

I understand that there are inherent risks associated with the sport of gliding and I pledge that I will conduct myself in a disciplined and conscientious manner so as to minimize these risks to both myself and others.

I have read and understood this document and I agree to be bound by its terms.

APPLICANT'S SIGNATURE: _____ DATE: _____
(Witness signature and name required below.)

If applicant is under 18 years of age, parent/guardian permission and signature required:

I (Print parent's/guardian's name) _____

permit (print minor's name) _____

to participate in LSS activities and to use its equipment and facilities according to club rules.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

WITNESS NAME (Print): _____