



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

APPLICATION FOR MEMBERSHIP

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
HOME PHONE: _____

DATE: _____
E-MAIL ADDRESS: _____
BIRTHDATE: _____
WORK PHONE: _____
SPOUSE NAME: _____

FLYING EXPERIENCE

GLIDER LICENSE #: _____
HOURS: _____
RATINGS: _____
AWARDS: _____
OTHER: _____
SSA MEMBER? _____
SSA NUMBER _____

POWER LICENSE #: _____
HOURS: _____
RATINGS: _____
TOWING: _____
OTHER: _____

HAS ANY PILOTS CERTIFICATE EVER BEEN REVOKED?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 THEY HAVE NO HEALTH CONCERN THAT WOULD PUT THEMSELVES OR OTHERS IN DANGER..

PLEASE SIGN IF YOU HAVE NO HEALTH CONCERNS:

Mail this Application along with a check payable to CASCADE SOARING SOCIETY, INC. to CASCADE SOARING SOCIETY, INC., One Pangborn Drive, East Wenatchee, WA 98802 or bring this Application and the check with you to the Clubhouse on the days of operation.

BOARD ACTION: _____