

The North Carolina Soaring Association, Inc.
P.O. Box 46596
Raleigh, NC 27620-6596

MEMBERSHIP APPLICATION

Applicant's Name _____

Applicant's Street Address _____

Applicant's City and Zip Code _____

Applicant's Phone Number _____

Applicant's E-Mail Address _____

FEES

NCSA Initiation Fee (\$200.00 less applicable discounts) _____

NCSA Dues (\$35.00 per month for current quarter) 105.00

SSA Dues (From attached SSA Application form) _____

Total (Make check payable to the "North Carolina Soaring Association", or "NCSA".) _____

Note: Do not pay any fees until application has been approved by the Board of Directors.

Club Member's Name _____ Date _____

Club Board Members Name¹ _____ Date _____

Instructors Name² _____ Date _____

It has been the clubs experience that receiving instruction one day a month leads to little progress of soaring skills. If lessons are received three days a month it is possible to solo within six months. Please check one of the following:

- I commit to receive lessons at least ___twice___ ___three times___ ___four times a month.
- My preferred instructional day is ___Saturday___ ___Sunday___.

Board of Directors approval _____

Payment Received by: _____ Date _____

Amount Paid: _____

1 Board member if applicant does have a glider rating.

2 Instructor if applicant does **not** have a glider rating.