

# Membership Application

## Central Indiana Soaring Society

CISS is a 501(c)(3) nonprofit corporation founded in 1960 to promote the sport and science of soaring. The club is recognized by the Soaring Society of America, and all club members are required to be SSA members. To minimize costs members are assigned crew duty on a rotating basis, or serve as flight instructors, tow pilots, or in other areas.

Membership Category:  Member  Exempt Member  Youth  SSA Guest Member

Please print

Applicant: \_\_\_\_\_  
*name* *date of birth*

Address: \_\_\_\_\_  
*city, state zip*

Phone: \_\_\_\_\_  
*home* *cell* *work*

Email \_\_\_\_\_

Profession/Type of Work \_\_\_\_\_

Employer \_\_\_\_\_

Pilot Certificates:  None  Student Pilot  Private Pilot  Commercial Pilot  ATP

Ratings:  Airplane SEL  Glider  Other \_\_\_\_\_

Total flight time: \_\_\_\_\_ Glider flight time: \_\_\_\_\_ # Glider flights: \_\_\_\_\_

If you are an SSA member Membership # \_\_\_\_\_ Expiration Date \_\_\_\_\_

In case of Emergency:

Contact: \_\_\_\_\_  
*name* *relationship*

Address: \_\_\_\_\_  
*city, state zip*

Phone: \_\_\_\_\_  
*home* *cell* *work*

Please list family members below for the club directory and if Family Member Category is desired for flying privileges please indicate.. The only additional requirements for Family Members who wish to fly are SSA membership and serving on crew duty. There are no additional CISS initiation fees or monthly dues.

	Desires Flying Privileges
Spouse or Significant Other: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
Children(s) names: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	<input type="checkbox"/> yes <input type="checkbox"/> no

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Preferred day for crew duty assignment:  Saturday  Sunday

Areas of interest for participation in club activities

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Scheduling / Operations | <input type="checkbox"/> Student Mentor       | <input type="checkbox"/> Contest Organization         |
| <input type="checkbox"/> News Letter             | <input type="checkbox"/> Social Events        | <input type="checkbox"/> Officer / Board of Directors |
| <input type="checkbox"/> Tow Pilot               | <input type="checkbox"/> Web Site             | <input type="checkbox"/> Equipment Maintenance        |
| <input type="checkbox"/> Flight Instructor       | <input type="checkbox"/> Finance / Accounting | <input type="checkbox"/> Marketing / Promotion        |

I have received and read the CISS By-Laws, Policy Manual and Operations Manual and agree to abide by the Central Indiana Soaring Society, Inc rules and procedures

I further understand that:

1. Membership entitles me to use CISS equipment but does not vest ownership.
2. Participation is required on a crew or other duty assignment an average of one time per month during the flying season.
3. Prior to flying or exercising Club privileges the following must be accomplished:
  - a. Be notified of membership acceptance by a designated representative of CISS.
  - b. Complete an airfield briefing conducted by a CISS instructor
  - c. Complete a flight checkout with a CISS Instructor if flying club aircraft.
4. I will be responsible for up to the first \$1000.00 of damage to Club aircraft occurring while I am pilot-in-command.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If requesting Family Membership flying privileges:

Spouse/Significant Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian consent is required for Youth applicants under 19 years of age.

I hereby grant permission for the applicant to be a member of CISS and to take part in flight and other club activities. I guarantee timely payment of applicant's membership and flying expenses.

Parent or guardian \_\_\_\_\_  
*Name print* *signature*

Address: \_\_\_\_\_  
*city, state zip* *Phone*

Recommending CISS Member: \_\_\_\_\_

Approved by Board Members :(1) \_\_\_\_\_

(2) \_\_\_\_\_

- Member Initiation Fee \$ 1000 payable \$500 with application, \$ 250 in 12 months and \$ 250 in 24 months.
- Youth Member Initiation Fee \$ 200
- SAA Guest Member Fee \$ 48

Mail completed application with check payable to Central Indiana Soaring Society, Inc. to:

Mike Nichols, Central Indiana Soaring Society, 1000 E Kelly Rd, Frankfort, IN 46041