## WILLAMETTE VALLEY SOARING CLUB **APPLICATION for MEMBERSHIP**

First Name:	MI:	Last Name:			
Address:					
City:	State	:	ZIP:		
Home Ph: W	/ork Ph:	Cell	l Ph:		
E-mail (required):		Heigh	nt:	Weight:	
FAA Rating(s):		C	ert. #		_
Types Aircraft flown and Hrs:					
Aircraft Owned with Registration	on Number(s):				
SSA Member?	_SSA Member	ship #			_
Have you ever been involved ir Have you ever had your Pilot C			Yes Yes		
Have you ever had a conviction If yes, please briefly describe th	n for DUI or dru	ug use?	Yes	No	
Membership Application Type <b>Tow Pilot</b>			Family Monthly		Junior Daily

nbership Application Type	 Regular		Family	 Jun
Tow Pilot	 5-Pack		Monthly	 Dail
Ground Crew	 Hood River Recipro	ocal		

Membership Type	1-Time	Annual	Comment
	Fee	Dues	
Regular	\$500	\$400	
Family	\$250	\$200	
Junior <=18yr	\$500	\$200	*Initiation may be paid in 3 <sup>rds</sup> over 3 years
Tow Pilot Only	\$100	\$50	+\$200 training deposit refunded after 100 tows
5-Pack	\$700	n/a	5 instructional flights + logbook, valid 4 mo's after 1 <sup>st</sup> flight. \$50 applied to Annual Dues upon upgrade.
Monthly	\$60	n/a	One month max. \$1000 refundable deposit allows use of Club gliders.
Daily	\$30	n/a	Two day max, no use of club gliders.
Ground Crew	n/a	\$50	
Hood River Reciprocal	n/a	\$60	Allows HR Soaring member to use NP field and gliders Max 10 visits per season.

Signature: \_\_\_\_\_\_Date: \_\_\_\_\_\_

Please mail the completed form to:

WVSC Membership Comm. c/o: Ethan Ignatovich PO BOX 322 Cornelius, OR 97113