

Tidewater Soaring Society, Inc (TSS)

Garner Gliderport (3VA8)
 14212 Iron Mine Springs Road, Windsor, Virginia 23487
 (757) 357-3948 (Club Office – Weekends)
www.tidewatersoaring.org.info@tidewatersoaring.org
 (general email)
treasurer@tidewatersoaring.org (treasurer email)



Membership Application and Agreement

Applicant's full name: _____ Date: ___/___/___

Date of Birth: ___/___/___ Telephone: Primary _____ - _____ - _____

Email: _____

Address: _____

Family Membership? Yes ___ No ___ If yes, primary TSS member name: _____

SSA Member? Yes ___ No ___ SSA member number _____ Expiration Date: ___/___/___

Note: All TSS regular and family members must be current SSA members.

Emergency Contacts (at least one):

Name: _____ Telephone _____ - _____ - _____

Name: _____ Telephone _____ - _____ - _____

Aeronautical Experience: (check all applicable ratings and supply a photocopy of your certificates with this application)

RATING	GLIDER	AIRPLANE	ROTORCRAFT
Student Pilot			
Private Pilot			
Commercial Pilot			
ATP			
CFI			
FAI / SSA Badge			

CERTIFICATION:

If your flying history includes any incidents related to any of the following FAR/NTSB regulations, please provide a letter addressed to the TSS Board of Directors detailing your involvement:

- Aircraft accidents or incidents reportable IAW NTSB PART 830—Notification and reporting of aircraft accidents or incidents and overdue aircraft, and preservation of aircraft wreckage, mail, cargo, and records
- Offenses involving alcohol or drugs IAW Part 61.15 including any motor vehicle actions.
- Falsification, reproduction, or alteration of applications, certificates, logbooks, reports, or records IAW Part 61.59

All TSS members must comply with Part 61.53 Prohibition on operations during medical deficiency.

(a) *Operations that require a medical certificate.* Except as provided for in paragraph (b) of this section, no person who holds a medical certificate issued under part 67 of this chapter may act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person:

(1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or

(2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.

(b) *Operations that do not require a medical certificate.* For operations provided for in §61.23(b) of this part, a person shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person knows or has reason to know of any medical condition that would make the person unable to operate the aircraft in a safe manner.

I certify that I have made the TSS BOD aware of any history relating to the above referenced NTSB/Federal Aviation Regulations and that I will comply with the provisions of Part 61.53.

Signature of Applicant: _____

Concurring signature of parent/guardian (if applicant is a minor): _____

TSS MEMBERSHIP LIABILITY WAIVER:

In consideration of my membership in Tidewater Soaring Society, Inc. (TSS), and the aeronautical and personal benefits to be gained therefrom, I voluntarily assume all risks of accident or damage to my person and property related to flying TSS aircraft and operations on and around Garner gliderport. I hereby, for myself my heirs, executors and administrators, release the TSS together with its Officers, Directors, Agents, Instructors and Members from all claims, demands and causes of action in personal harm occurring during my flights in TSS aircraft and operations on and around Garner gliderport.

Signature of Applicant: _____

Concurring signature of parent/guardian (if applicant is a minor): _____

Provisional membership (until acceptance by full membership) requires affirmative vote of three (3) members of the TSS Board of Directors.

- | | |
|----------|----------------------|
| 1. _____ | Date: ____/____/____ |
| 2. _____ | Date: ____/____/____ |
| 3. _____ | Date: ____/____/____ |

Applicants are encouraged to come to Garner Gliderport to familiarize themselves with TSS operations, meet the membership, in instructors and the Board of Directors. Once the above application is completed, including signatures of three members of the Board of Directors, the application should be mailed to the TSS treasurer. **All fees (see current TSS Fee Schedule) shall be paid in full and verification of SSA membership (having been issued a membership number) must be obtained before commencing flight operations / training.**