



Las Vegas Valley Soaring Association

P.O. Box 19902, Jean, NV 89019-1902 www.lvvsaa.org Phone: (702) 874-1420

APPLICATION FOR VOTING MEMBERSHIP

DATE _____

NAME _____ SPOUSE _____

ADDRESS _____ OCCUPATION _____

CITY _____ STATE _____ ZIP _____

TEL (HOME) _____ (WORK) _____ EXT _____

(CELL) _____ SSA MEMBER # _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

HGT _____ WGT _____ HAIR _____ EYES _____ AGE _____

EMAIL ADDRESS: _____

AVIATION EXPERIENCE

PILOT RATINGS _____ FAA CERTIFICATE NUMBER _____

GLIDER HOURS _____ POWER HOURS _____

GLIDER(S) PREVIOUSLY FLOWN _____

GLIDER(S) CURRENTLY OWNED _____

SSA BADGES _____

I understand that the *Las Vegas Valley Soaring Association, Inc* (L.V.V.S.A.) is a sport soaring club and that as such ALL of the services required for the operation of the club are performed by the members on a "VOLUNTEER" basis. I also understand that my application is for VOTING STATUS and that as such, I will be required to participate in duty rosters and work assignments. I further understand that my acceptance as a voting member of L.V.V.S.A. will include a three (3) month probationary membership period. After that time, if my membership in L.V.V.S.A. is disapproved, the UNUSED portion of my L.V.V.S.A. dues (less any unpaid obligations) will be refunded. (Soaring Society of America dues are NOT refundable.)

I do hereby apply for VOTING MEMBERSHIP in the *Las Vegas Valley Soaring Association*.

In consideration of admission and the opportunity to use and enjoy all of the facilities, I agree to the following,

- A. I will abide by ALL insurance policy requirements and by the L.V.V.S.A. by-laws including any lawfully adopted amendments to them.
- B. I will be bound by ALL rules, regulations and operating procedures adopted by the L.V. V. S. A
- C. I do hereby agree for myself, my heirs and assignees, to the waiver of all claims against the L.V.V.S.A. and any instructor provided to me through the L.V.V.S.A. in excess of any insurance coverage held by L.V.V.S.A., for all liability arising from any accident or injury I may sustain in any L.V.V.S.A. aircraft, or as a result of any L.V.V.S.A. activity.
- D. I understand that I MUST maintain membership in the Soaring Society of America in order to maintain membership in L.V.V.S.A.
- E. I agree to a liability of an amount UP TO \$500.00 for ANY damage to L.V.V.S.A. aircraft for which I am responsible while flying as "Pilot, in Command." The extent of the liability shall be determined by a committee appointed by the L.V.V.S.A. President and their findings will be independent of the findings of any other entity.
- F. I understand that ALL dues and obligations MUST be kept current and that ANY obligations in arrears by more that 30 days will be cause to be "Removed from flying status" with L.V.V.S.A. and that ANY obligations in arrears by more than 60 days will cause my membership to terminate.

I do hereby affirm that the above information is true and correct and that I will be bound by this agreement, signed this date, until such time as I cease to be a member of the L.V.V.S.A. in accordance with the by-laws of the Association in effect at that time

_____ signature

_____ date

I have received a copy of the L.V.V.S.A. climb window letter of agreement.

Signature _____

FOR PERSONS UNDER 21 YEARS of AGE

I the parent or legal guardian of the above named minor do hereby give my permission and consent to him/her to become a member of the L.V.V.S.A. and I agree to be bound by and for him/her by the above conditions,

_____ signature

_____ date

MEMBERSHIP COMMITTEE USE ONLY BELOW THIS LINE

DATE ITEM
_____ APPLICATION SUBMITTED

_____ PRESENTED TO GENERAL MEMBERSHIP FOR VOTE APPROVED (Y/N)