

New England Soaring Association, Incorporated

APPLICATION FOR 2020 MEMBERSHIP

I would like to apply for membership in NESAs in the category indicated below. If admitted, I will accept all rules, by-laws, and regulations that govern the Association.

NAME: _____

AGE: _____

ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE: (_____) _____

CELL PHONE: (_____) _____

Initiation Fees:

One time, one per family, non-refundable:

If over 21 years of age:	\$200
If 21 or younger:	\$100
Family members (2 nd & subsequent family members)	\$0

The initiation fee is waived for instructors and tow-pilots.

Annual Membership & SSA Dues: ** CIRCLE ONE NESAs MEMBERSHIP AND ONE SSA MEMBERSHIP CATEGORY **

<u>NESAs Membership Category</u>	<u>Annual Dues*</u>	<u>SSA Dues**</u>
Full Member	\$240 per annum	All Senior \$75
Junior Member	\$120 per annum	Junior (under 21) \$42
Instructor	\$120 per annum	
Tow Pilot (with glider privileges)	\$120 per annum	
Tow Pilot (tow only, no glider privileges)	\$25 per annum	
Associate (SSA not required)	\$25 per annum	

* **Membership Dues are per calendar year. For members joining during the year, dues (except for Associate and Tow pilot - tow only) are pro-rated based upon the month of joining. For example, a full member joining in October would be required to pay \$60 (\$240/12*3) with their application. A full member joining in December (even if December 31st) would be required to pay \$20.**

** **NESAs is a chapter of the Soaring Society of America. All NESAs members are also required to also be members of the SSA.**

Amount Due with Application:

	\$ Due
Initiation Fee	
<i>Full Member</i> - enter \$200 <i>Junior Member</i> - enter \$100 <i>Family Member (2nd or subsequent), instructor or tow-pilot</i> - enter \$0	
Membership Dues	
<i>Full members</i> - enter \$240/12 *months (including current) remaining in year <i>Junior, Instructor or Tow pilot (with glider)</i> - enter \$120/12 *months remaining <i>Associate or Tow pilot (tow only)</i> - enter \$25	
SSA Dues	
<i>Under 21</i> - enter \$42 <i>21 or Over</i> - enter \$75 Note: If Current SSA Member with expiry date >= next June 1st - enter \$0	
Total Due:	

I wish to join as a _____ category member **as circled above** with the indicated rate;

Signed: _____

Date: _____

DECLARATION AND WAIVER

I DECLARE that I have no known physical or psychological defects which would render me unable to pilot a glider.

I also agree to release and forever discharge the New England Soaring Association, Inc., its officers, directors, agents and employees, (hereinafter referred to as "Released Parties") acting officially or otherwise, from any and all claims, demands, actions or causes of action resulting in my death or resulting in any injury to me or my property which may occur from any cause during flights or flight activity or continuance thereof, as well as during all ground and flight operations instant thereto. I also agree to indemnify and hold forever harmless the "Released Parties" against any actions, causes of action, which may hereafter at any time be instituted or recovered against the "Released Parties" by any guest or guest of mine who may take a flight or otherwise participate in flight operations and other activities of the "Released Parties".

I ACCEPT FINANCIAL RESPONSIBILITY for damage resulting to the New England Soaring Association, Inc. equipment to the extent of the deductible portion of the insurance coverage for any accident to a Club owned glider in which I am pilot-in-command or am otherwise legally responsible for such damage.

I AGREE TO ABIDE by the applicable Federal Aviation Regulations, the Constitution and operating Rules and Regulations of the New England Soaring Association, Inc., state and local laws, regulations, and ordinances.

I hereby certify that the statements contained in this membership application are true and accurate and that I have read and fully understand the above. I further certify that I am financially able to pay any foreseeable financial obligations and liabilities incurred through this membership, to include all dues, fees, flight charges and agree that my account will be settled when billed.

Agreeing to all the above I hereby apply for membership in the "New England Soaring Association, Inc." this

_____ day of _____, 20__.

Applicant: _____ Witness _____

Please mail completed membership application with your check (for both Dues and Initiation Fees) payable to "New England Soaring Association, Inc." to:

NESA

c/o Alasdair Crawford, Treasurer.
190 Drumlin Road,
Perksinsville, VT 05151

Email: alasdair@tds.net
Cell: (603) 667-5358

Other Members to Contact:

Larry Perry, President
Brian Xander, Vice President

thespot@vermontel.net
bxander1900@gmail.com

Please provide the additional information on the attached supplemental Member Information Sheet.

SUPPLEMENTAL NESA MEMBER INFORMATION SHEET

NAME (from front page) _____

E-MAIL ADDRESS _____

OCCUPATION: _____

BIRTHDATE: _____

(Required by SSA for youth membership)

SSA MEMBER # / EXPIRY DATE: _____ / _____

(If existing SSA member)

MEMBER FLIGHT EXPERIENCE

FAA LICENSES / RATINGS _____

TOTAL FLIGHT TIME _____

SAILPLANES FLOWN _____

GLIDER FLIGHTS / HOURS _____

SOARING FLIGHTS FLOWN _____

EMERGENCY CONTACT & PHONE _____

WHAT ARE YOUR GOALS AS A NESA MEMBER?
