

Alaska Mountain Soaring Association (AMSA) Membership Application

General Information

Full Name _____ Date of Birth _____ Address _____

City _____ State ____ Zip _____ Home Phone _____
Work Phone _____ Cell _____
E-Mail _____ Citizenship _____

Emergency Contact _____ Relationship _____ Address _____

City _____ State ____ Zip _____ Phone Number _____
Cell _____
E-Mail _____

Employer (School if Student) _____ Address _____ City _____
State ____ Zip _____ Phone Number _____ Have you ever been
convicted of a felony? Yes ____ No ____ Year _____
Have you ever had a DUI? Yes ____ No ____ Year _____

Flying Information

Are you an SSA member? Yes __ No __ Membership No: _____ Exp. Date _____

Glider Experience: Number of Tows _____ Auto _____ Aero _____ Winch _____

FAI Soaring Awards Held _____ Tow Pilot Experience:
Number of Tows _____ Make/Model of Aircraft _____

Are you interested in becoming a Glider Instructor? Yes __ No __ Tow Pilot? Yes __ No __

Aircraft Owned: Make/Model _____

How did you hear about AMSA? _____

I agree to abide by all Alaska Mountain Soaring Association (AMSA) rules and regulations as documented in the Code of Regulations and the Uniform Operating Procedures. I understand that membership in AMSA does not invest me with personal ownership of any club assets, but entitles me to use such equipment. I also understand and agree to the policies concerning stock purchase and the payment of interest on my stock subscription. For the purposes of this Application, including the waiver of claims and giving of indemnity herein, (i) "AMSA" means the Alaska Mountain Soaring Association, and its members, directors, officers, employees, agents, representatives, volunteers, pilots (including tow pilots and flight instructors), contractors and premises, or any of them, and (ii) "AMSA Flying Activities" means anything connected with my presence on the property of AMSA, participation in the activities of AMSA, flying in any aircraft at AMSA, receiving flight instruction and/or glider towing services at AMSA, and operation of any aircraft or other equipment at AMSA.

I UNDERSTAND THAT PARTICIPATION IN GLIDING AND SOARING ACTIVITIES, BOTH IN THE AIR AND ON THE GROUND, IS OR MAY BE HAZARDOUS AND MAY RESULT IN ACCIDENT, INJURY OR DEATH, AND I HEREBY VOLUNTARILY ACCEPT SUCH HAZARD AND RESULT.

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WAIVER OF CLAIMS

In consideration of being accepted as a member of AMSA and being granted the benefits of such membership, which consideration I acknowledge is valuable and is sufficient to induce me to make this application for membership, I, **FOR MYSELF, AND ON BEHALF OF MY EXECUTORS, ADMINISTRATORS, HEIRS, PERSONAL REPRESENTATIVES, SUBROGEEES, INSURERS, SUCCESSORS AND ASSIGNS, WAIVE AND GIVE UP FOREVER ANY AND ALL CLAIMS OF ANY NATURE, TO INCLUDE BUT NOT LIMITED TO CLAIMS FOR PERSONAL INJURIES TO MYSELF OR MY OWN DEATH, OR PROPERTY DAMAGE, WHICH I MAY HAVE NOW OR IN THE FUTURE AGAINST AMSA, AS DEFINED ABOVE, (HEREAFTER KNOWN AS THE "RELEASED PARTIES") THAT ARISE FROM OR ARE CONNECTED IN ANY WAY, WHETHER DIRECTLY OR INDIRECTLY, WITH AMSA FLYING OR OTHER ACTIVITIES. THIS WAIVER INCLUDES ANY CLAIM AGAINST THE RELEASED PARTIES ARISING FROM THEIR OWN NEGLIGENCE OR THE NEGLIGENCE OF ANY OF THE OTHER RELEASED.**

Note: Many health plans and insurance policies exclude coverage for claims arising from the operation of non-public transport aircraft, including gliders. If relevant, check your plan or policy.

PARENT/GUARDIAN CONFIRMATION AND CONSENT (for Applicants under age 18)

I hereby confirm that I have read, consent to and approve the foregoing application by my son/daughter/ward. I also understand that I am financially responsible for all costs incurred by this youth member until he/she reaches the age of 21.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE WHOLE OF THIS APPLICATION FOR MEMBERSHIP. IN SIGNING BELOW, I ACKNOWLEDGE THAT I AM WAIVING ANY CLAIMS THAT I MIGHT HAVE BY VIRTUE OF THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES LISTED ABOVE, INCLUDING CLAIMS ON MY OWN BEHALF, IN MY CAPACITY AS A PARENT, LEGAL REPRESENTATIVE AND HEIR OF MY WARD, AND CLAIMS ON BEHALF OF MY WARD IN HIS OWN CAPACITY. I UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING ASMA OF ANY CHANGE OF CONTACT INFORMATION AND THAT I AM RESPONSIBLE FOR PAYING ALL FLIGHT CHARGES AND MEMBERSHIP DUES AND FEES UNTIL I MAKE A REQUEST IN WRITING TO CHANGE MY MEMBERSHIP STATUS TO INACTIVE OR TERMINATED

SIGNED this _____ day of _____, 20 _____.

Applicant's Signature

Parent/Guardian's Signature

Print Name

Print Name



Avemco Insurance Company
 8490 Progress Drive Suite 100 Frederick, Maryland 21701
 main 800 638 8440 facsimile 800 863 3338

PILOT INFORMATION FORM

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Date of Birth: _____ Email Address: _____

FAA Pilot Cert. #: _____ Date of Last Flight Review: _____

Date of Last FAA Medical: _____ Class of FAA Medical: 3rd 2nd 1st

Type of Pilot Certificate Held: Student Private Commercial ATP Recreational Sport

Aircraft Ratings Held: STU MEL SES MES IFR Rotocraft Glider CFI CFII MEI

Pilot Logged Hours: (Enter your logged pilot hours for each category listed below):

_____ Total Logged Hours	_____ Floats (Straight or Amphibious)
_____ Constant Speed Propeller	_____ Amphibious (Hull Bodied Amphibian)
_____ Retractable Gear	_____ Instrument (Actual)
_____ Tailwheel	_____ Instrument (Simulated)
_____ Multi Engine	_____ Last 12 Months
_____ Light Aircraft	_____ Glider Hours
_____ Flight Instructor	_____ Glider Flights
	_____ Aero Tows / Winch Tows

Within the past 36 months, have you:

1. Been cancelled, declined, or refused renewal on an aircraft insurance policy? Yes No
2. Had an aircraft accident, incident, or insurance claim? Yes No
3. Had your pilot's or driver's license surrendered, suspended, or revoked? Yes No
4. Been arrested or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol? Yes No
5. Been convicted of, or plead guilty or "no contest" to a felony or misdemeanor other than parking violations? Yes No

Please explain fully any "Yes" answers to the questions above:

I warrant that the above statements are true. Misrepresentations may make this insurance contract null and void.
 I understand that Avemco Insurance Company reserves the right to verify the information provided.

Date: _____ Signed: _____

(Person Named Above)

Reference Number: _____

avemco.com



Avemco Insurance Company

8490 Progress Drive, Suite 100 Frederick, Maryland 21701
main (800) 638 844 facsimile (800) 863 3338

Alaska Information.

- 1. Have you been, or are you currently, a fishing or hunting guide or assistant guide?
 Yes No

- 2. Have you been, or are you currently, involved in the ownership or operation of a fishing or hunting lodge?
 Yes No

- 3. Have you been, or are you currently, involved with the Alaska commercial fishing or mining industry?
 Yes No

Please explain any **YES** answer below.

I understand that Avemco Insurance Company reserves the right to verify the information provided.

Date: _____ Signed: _____
(Person Named Above)

*** A completed form is required for the owner and each named pilot.**

Reference Number: _____

avemco.com