



Franconia Airport  
Franconia, New Hampshire

## APPLICATION FOR MEMBERSHIP AND SUBSCRIPTION AGREEMENT

**Instructions: Please complete this application and return it to the address below.**

**FSA  
P.O. Box 956  
Franconia, NH. 03580**

To induce the Franconia Soaring Association (the "Association") to accept this application and subscription, the undersigned agrees and represents as follows:

1. The undersigned represents the following is true and accurate

Applicant Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of membership being sought (check only one):

Adult Member: \_\_\_ Youth Member: \_\_\_ Family Member: \_\_\_ Tow Pilot/Instructor: \_\_\_ Visiting Pilot: \_\_\_  
**(Visiting Pilot Members must have existing and current SSA Membership)**

### **FLYING EXPERIENCE:**

Ratings, Power: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Ratings, Glider: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Member of SSA: Yes/No \_\_\_\_\_ If Yes, SSA Membership Number: \_\_\_\_\_

Date of last biennial flight review: \_\_\_\_\_

List places you have flown most: \_\_\_\_\_

Have you ever been the pilot of an aircraft involved in an accident? Yes/No: \_\_\_\_\_

If so, please describe the accident below:

PLEASE SEE OTHER SIDE

2. The undersigned is provided with ten shares of Class A Common Stock of the Association (the "Shares") when all initiation fees have been paid. One half of the initiation fee is due upon joining the Association, the second installment must be paid by March 15<sup>th</sup> of the next calendar year.

3. Understand the purposes of the Association including the promotion of Soaring by its members and does not include making a profit or financial gain for its members or stockholders. I also understand that there is no market for trading of the Shares, and that transfer of Shares subscribed hereby will be subject to transfer restrictions established by the By-Laws of the Association. I hereby acknowledge that I have received and read "Description of Capital Stock of Franconia Soaring Association".

4. Represent and warrant that I have no known physical or psychological defects that would render me incapable to pilot a glider.

5. Hereby release and forever discharge the Association and all of its officers, directors, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action and loss, cost or damage arising from any injury to me or my property or my death that may result from any cause relating to the Association's activities including without limitation the negligence of the Association, or its officers, directors, employees or agents.

6. Accept financial responsibility for damage resulting to Association equipment to the extent of the deductible portion of the insurance coverage or to the extent that my actions cause insurance coverage to be denied for any accident to an association-owned aircraft in which I am pilot-in-command or am otherwise legally responsible for such damage.

7. Agree to abide by the applicable Federal Aviation Regulations and by the By-Laws of and Regulations of the Association.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Applicant Signature (please sign): \_\_\_\_\_

### Parent/Guardian waiver for youth members

Parent/Guardian Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fees Paid (see rate sheet):

Initiation Fee: \_\_\_\_\_

Dues (prorated): \_\_\_\_\_

SSA Dues: \_\_\_\_\_

Total: \_\_\_\_\_