



Membership Renewal or Application

Please print clearly. Date should be: yyyy-mm-dd

Year :

Last Name	First Name	Membership <input type="checkbox"/> New application <input type="checkbox"/> Renewal	
Street, Apt.	City	Province	Postal Code
Home Phone Number	Date of Birth	Occupation	
Cell Phone Number	E-Mail address		
Emergency Contact: Name	Emergency Contact Phone Number	Relationship to Member	

Glider Pilot Licence Number	Current issue Date	Country of Issuance	Medical Number	Medical Category	Date of last Medical
-----------------------------	--------------------	---------------------	----------------	------------------	----------------------

Glider P1 Time hrs	Glider P2 Time hrs	Gliding Instructor Time hrs	Glider Licence Rating	Expiry Dates for : (yyyy-mm-dd)	
			Instructor:	Aerobatics:	

Aviation Document (Booklet) Number:	Date of Expiry	SAC Instructor No.	SAC Official Observer No.	Radio Operator Licence No.
-------------------------------------	----------------	--------------------	---------------------------	----------------------------

Power Pilot Licence Number	Current issue Date			
----------------------------	--------------------	--	--	--

Power P1 Time hrs	Power P2 Time hrs	MSC Tow Check-out Yes / No	Power Licence, date of last medical: Date (yyyy-mm-dd) :
----------------------	----------------------	-------------------------------	---

Badges obtained:		
A <input type="checkbox"/>	B <input type="checkbox"/>	Bronze <input type="checkbox"/>
Silver: Height <input type="checkbox"/>		Duration <input type="checkbox"/>
Gold: Height <input type="checkbox"/>		Duration <input type="checkbox"/>
Diamonds Height <input type="checkbox"/>		Goal <input type="checkbox"/>

Solos			Specify others (add on reverse side)		
Krosno KR 03 <input type="checkbox"/>	Astir CS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twin-Astir <input type="checkbox"/>	DG-300 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twin-II <input type="checkbox"/>	ASW-24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duo-Discus <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MSC Member Fee	SAC Member Fee	MSC Trailer Park	Comments
Regular Member <input type="checkbox"/>	Club-Affiliated (MSC) <input type="checkbox"/>	It trailer lot approved	Please Check ALL Applicable Boxes
Junior Member <input type="checkbox"/>	Air Cadet / Youth <input type="checkbox"/>	1st Year Fee <input type="checkbox"/>	
Associate Member <input type="checkbox"/>	Spousal <input type="checkbox"/>	Annual Fee <input type="checkbox"/>	
Honorary Member <input type="checkbox"/>	SAC Associate <input type="checkbox"/>	Electric power 15A <input type="checkbox"/>	
Seasonal Member (2 months) <input type="checkbox"/>	SAC Life Member <input type="checkbox"/>	Electric power 30A <input type="checkbox"/>	
Start 1st of <input type="text"/>			
Seasonal Junior Member <input type="checkbox"/>			
Start 1st of <input type="text"/>			
Duration <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months			

MSC member fee: \$ <input type="text"/> [1]	SAC member fee: \$ <input type="text"/> [2]	Trailer park: \$ <input type="text"/> [3]	GST on [1]: \$ <input type="text"/> [4]
---	---	---	---

Total amount payable (1+2+3+4): \$ <input type="text"/>	Refer to current fee schedule for applicable charges.
--	--

I certify that the information provided in this application is true and correct to be best of my knowledge. I agree to respect club property and abide by the club rules. I pledge to maintain a positive balance in my account with the MSC and to pay any further charges within 30 days of statement date. I understand that there are inherent risks associated with the sport of gliding and I pledge that I will conduct myself in a disciplined and conscientious manner so as to minimize these risks to both myself and others.

I do NOT want to have my E-mail address included in the MSC members mailing list (will miss all the fun stuff)

Print Name (if signed by guardian) _____	Signature _____	Date (yyyy-mm-dd) _____
--	-----------------	-------------------------

WAIVER OF CLAIM AND INDEMNIFICATION

I, the undersigned, hereby accept all the responsibilities of membership in the Montreal Soaring Council (hereinafter referred to as the Council) and undertake to obey all the rules and operating regulations of the Council, the details of which I have been duly apprised and of which I acknowledge being fully cognizant and, in consideration of my enjoying all the rights and privileges as a member of the council, I hereby waive, as against the Council and all tow pilots, flight instructors, ground personnel and other members of the Montreal Soaring Council acting in the performance of their duties as such, all claims, demands, actions and causes of action arising, directly or indirectly, out of any injury or disability or property damage whatever which I may suffer by reason of any flight undertaken by me in any aircraft operated by the Council, belonging to it or otherwise under its control, or in any other aircraft operating from the property of the Council wheresoever's situated, or by reason of any flight or ancillary operations in relation to any aircraft operating on the property of the Council, including, but not so as to limit the generality of the foregoing, the preparation of aircraft for takeoff or tow, aborted takeoff or tow, or storage operations.

The foregoing waiver is hereby given whether such personal injury or disability or damage to personal property arises by reason of negligence, fault, want of care and skill of any person whomsoever for whom the Council is responsible in law and whether the same relates to any aircraft, automobile or other property of the Council over which it has supervision or control, directly or indirectly.

Moreover I, the undersigned, hereby undertake to indemnify and hold the Council and all tow pilots, flight instructors, ground personnel and other members of the Montreal Soaring Council acting in the performance of their duties as such, harmless against and from any claims, demands, actions and causes of action of any third person whom I may in future bring as a guest with me to enjoy the rights and privileges of the Council and who may suffer any personal injury or disability or damage to his personal property arising from the aforesaid causes and by reason of any negligence, fault, want of care and skill of any person whomsoever for whom the Council is responsible in law.

Signed and dated at _____, in the presence of _____
(in capital letters)

This _____ day of _____ 20____ Signature of applicant *(in capital letters)*

Witness : _____

Address of witness:

If under 18 years of age, date of birth: _____
Signature of Guardian