



Membership Application

Mailing Address: Cypress Soaring, Inc., c/o Chuck Coyne, 1313 Paseo Alamos, San Dimas, CA 91773

Cypress Soaring, Inc. is a non-profit corporation organized for the purpose of teaching and promoting soaring. The club is based at Hemet-Ryan Airport, Hemet, California.

The corporation currently owns seven aircraft:

- Krosno two place sailplane
- Schweitzer 1-34 single place sailplane
- PW-6 two place sailplane
- Grob 103 two place sailplane
- PW-5 single place sailplane
- Discus single place sailplane
- Cessna 182 tow plane.

There are no aircraft charges for flight time. Members are responsible for the cost of the aerotow.

INSTRUCTION

Instruction is provided by several club instructors. One is usually scheduled for a Saturday or Sunday. Other instruction may sometimes be scheduled on week days and on an individual basis. There is no charge for instruction.

FULL ACTIVE MEMBERSHIP

There are four classes of active membership. Active 1 is for student training and pilots who wish to fly the Krosno. Each additional class allows the member to fly the aircraft included in that class.

Experienced pilots, regardless of flight experience, will be required to start as an A1 member and get check flights in the A1 aircraft. They may transition up through classes, getting instructor checkflights and pay upgrade fees as required, until they reach the class of glider they plan to fly most.

FAMILY & JUNIOR MEMBERSHIP

The Family Membership allows a family member to join at one half the initiation fee of a Full Member. Monthly dues are the same as required for a Full Membership.

Junior Membership is limited to students age 14 to 22.

Junior Members are limited to A1 and A2 aircraft only.

Upon reaching the age of 23 a Junior Member is required to become a Full Member and pay full membership dues.

ASSOCIATE MEMBERSHIP

Associate membership is available, subject to the requirements in the Cypress Soaring, Inc., Bylaws. The initiation fee is one month's dues to cover the cost of one initial check ride with a Club Instructor.

INTRODUCTORY RIDES

Introductory rides are available to prospective members on a pre-arranged basis.

For more information, email: info@cypresssoaring.org.

SSA MEMBERSHIP

Cypress Soaring, Inc. is a chapter of the Soaring Society of America. SSA membership is required. The initiation fee includes the applicants SSA membership for the remainder of the chapter year. You will be billed the annual SSA membership dues at the time of chapter renewal. The Initiation fee or any part thereof is not refundable regardless of any credit the applicant may have from prepayment of SSA membership dues prior to joining Cypress Soaring, Inc.

Cypress Soaring Dues and Fees

Following are the current dues and fees for Cypress Soaring. They are subject to change as determined by the club Board Of Directors.

FULL MEMBERSHIP

A prospective member is required to submit payment with his or her application. Upon acceptance into the club, the payment will be deposited and the new member will be permitted to fly the Krosno aircraft.

FULL MEMBER INITIATION FEE

The basic initiation fee is \$300. for Active 1 membership.

FULL MEMBER MONTHLY DUES

Active 1 (Krosno only)	\$55 per month
Active 2 (Krosno, 1-34)	\$60 per month
Active 3 (Krosno, 1-34, PW-5, PW-6)	\$65 per month
Active 4 (all above, Grob 103 & Discus)	\$70 per month

FAMILY MEMBERSHIP

The Family Membership allows a family member to join at one half the initiation fee of a Full Member. Monthly dues are the same as required for a Full Membership.

JUNIOR MEMBER INITIATION FEE

The Junior Membership initiation fee is \$150. for Active 1 membership.

JUNIOR MEMBER MONTHLY DUES

Active 1 (Krosno only)	\$36 per month
Active 2 (Krosno, 1-34)	\$40 per month

UPGRADE INITIATION FEE

An initiation fee of \$50 each for the privilege of flying additional club gliders will be required when the member is qualified to fly, and desires to advance to those aircraft.

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Revise 2/1/2019

ASSOCIATE MEMBER INITIATION & ANNUAL FEE

Initiation Fee	\$55 one time
Annual Fee	\$60 per year

LIABILITY

Club members are liable for the first \$1500 damage to club equipment they are operating in the event of an accident or damage to the equipment.

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HEMET TOW FEE SCHEDULE

AGL	MSL	FEE
200	1700	\$25.00
400	1900	\$28.00
600	2100	\$31.00
800	2300	\$34.00
1000	2500	\$37.00
1200	2700	\$40.00
1400	2900	\$43.00
1600	3100	\$46.00
1800	3300	\$49.00
2000	3500	\$52.00
2200	3700	\$55.00
2400	3900	\$58.00
2600	4100	\$61.00
2800	4300	\$64.00
3000	4500	\$67.00
3200	4700	\$70.00
3400	4900	\$73.00
3600	5100	\$76.00
3800	5300	\$79.00
4000	5500	\$82.00
4200	5700	\$85.00
4400	5900	\$88.00
4600	6100	\$91.00
4800	6300	\$94.00
5000	6500	\$97.00

The minimum fee for all releases below 200 ft. AGL will be the same as the 200 ft. AGL tow. For odd altitudes round up to next higher altitude.
Rev. 11/1/16

Cypress Soaring, Inc.
APPLICATION FOR MEMBERSHIP

1. Name _____ Date _____
2. Address _____
City _____ State _____ Zip _____
3. Telephone _____ Cellphone _____ Birthdate _____
4. E-mail address: _____
5. Occupation _____
-
6. Flight Experience– total hours: Gliders _____ Powered Aircraft _____
Ratings Held: None Pvt. Pilot Pvt. Pilot Glider Comml. Pilot Comml. Pilot Glider CFI CFIG
Other ratings held: _____
7. Have you ever had an accident or been cited for a violation of an FAR while a crew member or pilot of an aircraft?
 NO YES If yes, explain on back.
8. List the last 3 airports from which you have flown: _____

9. SSA Member? NO YES Membership No. _____ Exp. Date _____

RELEASE OF CLAIMS

I _____ hereby release Cypress Soaring, Inc. from all liabilities and responsibilities for any personal injuries or damages to personal property, should any such injuries or damages arise out of the operation or occupancy of any equipment owned and/or operated by Cypress Soaring, Inc.

I certify that I have no known medical defect that would prohibit me from safely piloting a glider.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

Date of Application _____ Type of Membership _____
Amt. Fees Paid _____ Date App. Accepted _____

Cypress Soaring, Inc.
APPLICATION FOR JUNIOR MEMBERSHIP

1. Name _____ Date _____
2. Address _____ E-Mail Address _____
City _____ State _____ Zip _____
3. Telephone _____ Birthdate _____ Age _____
4. School _____ Grade Level _____
5. Employment _____
6. Flight Experience—total hours: Gliders _____ Powered Aircraft _____
Ratings Held: None Pvt. Pilot Pvt. Pilot Glider
7. Have you ever had an accident or been cited for a violation of an FAR while a crew member or pilot of an aircraft?
 NO YES _____
8. List the last 3 airports from which you have flown: _____

9. SSA Member? NO YES Membership No. _____ Exp. Date _____

FINANCIALLY RESPONSIBLE PARTY

10. Name _____
11. Address _____
City _____ State _____ Zip _____
12. Telephone _____ Relationship _____
13. Employment _____

I agree to be financially responsible for the applicant and promise to pay all fees and expenses incurred by the applicant for participation as a Member of Cypress Soaring, Inc., in accordance with the Bylaws of Cypress Soaring, Inc.

Signature _____ Relationship _____ Date _____

RELEASE OF CLAIMS (For minors under the age of 18, a parent or legal guardian must sign this Release of Claims)

I am the parent or legal guardian of _____. I consent and allow my child to receive flight instruction in gliders and participate in flying activities provided by Cypress Soaring, Inc. I hereby release Cypress Soaring, Inc. from all liabilities and responsibilities for any personal injuries or damages to personal property, should any such injuries or damages arise out of the operation or occupancy of any equipment owned and/or operated by Cypress Soaring, Inc.

Signature _____ Relationship _____ Date _____

RELEASE OF CLAIMS (Applicant)

I hereby release Cypress Soaring, Inc. from all liabilities and responsibilities for any personal injuries or damages to personal property, should any such injuries or damages arise out of the operation or occupancy of any equipment owned and/or operated by Cypress Soaring, Inc.

I certify that I have no known medical defect that would prohibit me from safely piloting a glider.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

Date of Application _____ Type of Membership _____
Amt. Fees Paid _____ Date App. Accepted _____