

SAN LUIS OBISPO SOARING ASSOCIATION



MEMBERSHIP APPLICATION

NAME: _____
Last First Mid. Initial

ADDRESS _____
Street Apartment Number

MAILING ADDRESS _____
Street Apartment Number

City State Zip Code

PHONE _____
HOME CELL OR OTHER PHONE

EMERGENCY CONTACT _____
Last First Mid. Initial

ADDRESS _____
Street Apartment Number

City State Zip Code

PHONE _____
HOME CELL OR OTHER PHONE

EMAIL ADDRESS _____ RADIO CALL SIGN _____

USHGA NO. _____ Expiration Date _____

RATING _____ WING COLORS _____

SLOSA MEMBER'S ACKNOWLEDGEMENT OF RESPONSIBILITY

I realize, if conducted properly, Hang Gliding and Paragliding can be safe and rewarding sports. I also realize that if not conducted properly, Hang Gliding and Paragliding can be the cause of serious accident, Injury or even death.

In any case, my fellow members of the San Luis Obispo Soaring Association will not be held responsible for my actions, or the resulting consequences of my actions.

I hereby acknowledge my responsibilities to fully abide by the policies set forth by the San Luis Obispo Soaring Association as stated in its By Laws and standard operating procedures for sanctioned and unsanctioned sites in San Luis Obispo County of which you agree read and understand prior to the flying of these sites. (See Document at www.slosa.net).

Signature Date

Parents Signature (If a minor) Date