

Central Ohio Soaring Association, Inc. (COSA) Membership Application

Please print. All blanks must be filled. For any item that may not be applicable, please enter "NONE".

Last Name: _____ First Name: _____ MI _____ Birth Date: _____

Home Address: _____
(Street) (City) (State) (Zip) (Area Code) (Phone)

Business Address: _____
(Name) (Street) (City) (State) (Zip) (Area Code) (Phone)

Occupation: _____ Current Pilot Ratings _____ Email address _____

I hereby apply to the Central Ohio Soaring Association, Inc for membership. If accepted I agree to abide by the club's Code of Regulations, By-Laws and the rules as spelled out in the club's Operations Manual. I understand that COSA is a working club and that, in addition to the requirements spelled out in the Club's information sheets, I will be expected to volunteer efforts for which I'm qualified. I further understand that dues and accrued flight charges are to be paid each month, on time, and in full. Flight privileges will be suspended should any charges remain unpaid beyond 30 days and will not resume until all charges are paid in full.

If requesting a family membership, please provide the full name and relationship of all participating family members including their birth dates. Memberships are not transferable from one family member to another.

For current pilots (required for insurance purposes):

List your total number of flights in the previous 12 months: _____ and in the previous 30 days: _____

List the types of aircraft you are current in: _____

Your certificate number: _____ Date of last physical: _____ last BFR: _____

Have you personally been involved in any aviation accidents in which you acted as PIC (Pilot in Command) during the previous six (6) years? Yes/No: _____ If yes, please explain: _____

Applications must be approved by an assembly of the membership, therefore, attendance at a General Membership Meeting is mandatory prior to approval. Applications must be accompanied by a check or money order for the full amount of the current initiation fee.

I affirm that I've read and understood the above statements and that all information given by me is complete and correct. Permission is hereby granted to the Club to obtain a rating of my credit. I understand that this information is for the exclusive use of the Officers of the Corporation and will be held in the strictest confidence.

Your Written Signature: _____ Date: _____

Recommended and witnessed by COSA member: _____

SEND COMPLETED APPLICATION WITH 300 INITIATION FEE & 200.00 + 21.75 tax = \$ 521.75
TOWARDS FLIGHT CHARGES.

Central Ohio Soaring Association
c/o Mark Martin
957 Karlslyle Dr
Columbus, Ohio 43228

Application and fee received on: _____ Application approved on: _____