Spokane Soaring Society Membership application

Name:		Spouse	Spouse:	
Address	S:			
City: _		State:	Zip	
Occupa	ition:	Birthday:		
Phone:	Home: Cell		Work	
Emerge	ency Contact F	hone:		
E-MAI	L ADDRESS			
SOAR	ING SOCIETY of AMERICA membership is a p	orerequisite to	SSS membership	
	Please list SSA Membership number			
	SSS INITIATION FEE (one time, non-refundable)		\$375	
	FAMILY MEMBER / Youth INITIATION FEE avail persons who have a full SSA Member in the household		\$187.50	
	ANNUAL DUES		\$500	
	SSA Membership Dues		\$80	
	FAMILY MEMBER / Youth DUES available for personance a full SSA Member in the household. Includes SS No magazine subscription is included with this member	SA membership.	\$150	
	SSA Membership Dues (Family Member)		\$45	
	OPTIONAL unlimited flying package of club gliders for	or one season	\$400	
	Tow Pilot Only membership (Includes SSA Membershi If you tow 4 or more days this season – SSA membersh		\$85 ed to you.	
	** VISITING PILOT MEMBERSHIP (available to visiting SSA members from outside 75 mi period of 30 days)	ile radius to cover	\$50 a	
	** VISITING TOW-ONLY MEMBERSHIP for 2 days		\$20	
	TOTAL AMOUNT SUBMITTED		S	

^{**} Must have proof of currency and proof of SSA membership.
***The deposit may be a check to be held during the visit and returned if no incidents occur.

Please list your FLIGHT EXPERIENCE:	
Total hrs Sailplanes	_ Power
Ratings:	
Have you ever had an accident or been cited for a viol member of an aircraft? Please explain:	ation of a FAR while acting as a pilot or crew
Signature	Date

 $Contact\ the\ SSS\ Club\ Treasurer,\ Eric\ Dooyema,\ at\ 605\text{--}376\text{--}8481\ for\ instructions\ on\ submitting\ this\ application\ and\ payment$