

# Spokane Soaring Society

Membership Application 2026

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birthday: \_\_\_\_\_

Phone — Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SSA MEMBERSHIP

SSA Membership Number: \_\_\_\_\_

## FEES & DUES

### INITIATION FEES

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> SSS Initiation Fee (one-time, non-refundable)   | <b>\$375.00</b> |
| <input type="checkbox"/> Youth (18 and under) Initiation Fee<br><i>Available for persons with a full SSA Member in the household</i> | <b>\$187.50</b> |

### ANNUAL DUES

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Annual Dues   | <b>\$500.00</b> |
| <input type="checkbox"/> SSA Membership Dues   | <b>\$80.00</b>  |
| <input type="checkbox"/> Family/Youth (18 and under) Dues<br><i>Available for persons with a full SSA Member in the household</i>  | <b>\$250.00</b> |
| <input type="checkbox"/> Family/Youth (18 and under) SSA Membership Dues<br><i>Available for persons with a full SSA Member in the household<br/>No magazine subscription included with this member type</i> | <b>\$50.00</b>  |

### OPTIONAL & SPECIAL MEMBERSHIPS

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Unlimited Flying Package — Club Gliders for One Season  | <b>\$500.00</b> |
| <input type="checkbox"/> Tow Pilot Only Membership (includes required SSA Membership)<br><i>Tow 4+ days this season and your SSA membership fee will be refunded</i>   | <b>\$85.00</b>  |
| <input type="checkbox"/> Visiting Pilot Membership †<br><i>For SSA members from outside 75-mile radius; valid for 30 days<br/>\$500 deposit required (check held during visit; returned if no incidents)</i> | <b>\$50.00</b>  |
| <input type="checkbox"/> Visiting Tow-Only Membership — 2 days †   | <b>\$20.00</b>  |

† Must have proof of currency and proof of SSA membership.

**TOTAL AMOUNT SUBMITTED:**

\$ \_\_\_\_\_

**FLIGHT EXPERIENCE**

**Total Hours — Sailplanes:** \_\_\_\_\_ **Power:** \_\_\_\_\_

**Ratings:** \_\_\_\_\_

**ACCIDENT / VIOLATION HISTORY**

Have you ever had an accident or been cited for a violation of a FAR while acting as a pilot or crew member of an aircraft?

**Please explain:**

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**SIGNATURE**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Contact the SSS Club Treasurer, **Rein Foerg**, at **509-844-2813**, for instructions on submitting this application and payment.