



CHAPTER MEMBER INPUT FORM

CHAPTER NAME: Prescott Area Soaring, Inc.

Chapter SSA ID: 317284

ACTION TO BE TAKEN:

- Add NEW club** member
- If already an SSA member:** ID # _____ Exp. Date _____
- Change of address
- Delete** from roster

Name _____ M _____ F _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Fax _____

Email Address _____

Birthdate _____ **(required for Youth membership)**

DUES PAYMENT

If New SSA Member, dues payment must accompany this application.

- \$72 **Full Member** – includes subscription to **SOARING** Magazine
- \$42 **Family Member** – no subscription with this member type
- \$42 **Youth Member** – must be age 22 or less – includes **SOARING** Magazine
- Life Member** – now available, contact SSA for more information

Submitted by: _____ Date: _____

Club Officer/Title: _____

The Soaring Society of America, Inc.
 P O Box 2100 Hobbs NM 88241-2100
 Fax: 575-392-8154 Email: kowens@ssa.org
 Phone: 575-392-1177

Thank You!