



CHAPTER MEMBER INPUT FORM

CHAPTER NAME: Central Indiana Soaring

Chapter SSA ID: 308374

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.

- \$64 Full Member** – includes subscription to **SOARING** Magazine
- \$36 Family Member** – no subscription with this member type
- \$36 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.
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 Fax: 575/392-8154 Email: RCopeland@ssa.org
 Phone: 575/392-1177

Thank You!