



The Soaring Society of America, Inc.
Application for Membership
(Please print or type)

Name _____ M ___ F ___

Mailing Address _____

City _____ State _____ Zip _____ - _____

Telephone (daytime) _____ Fax _____ Cell _____

Email Address _____

Country of Citizenship _____

ANNUAL MEMBERSHIP DUES

(Please check one)

- \$64 Full Member - receives all benefits of membership, including the subscription to SOARING magazine, our monthly publication.
\$36 Family Member - Available to persons who have a Full SSA Member in the household. There is no subscription with this member type
\$52 Subscriber - For foreign people only (add \$25 for airmail delivery). Receives the SOARING Magazine only.
\$36 Youth Member - must be age 22 or less - includes SOARING Magazine
Birth Date information required:
\$1600 Life Member - Life Memberships are now available. May be paid in 12 payments of \$135.
\$200 Business Member- Includes Full Membership, Family Membership & 2 magazines.

Would you please take a moment and tell us how you heard about the SSA? _____

PAYMENT INFORMATION

Payments must be made in US Dollars drawn on a US Bank. Thank you.

Amount Enclosed: \$ _____ Check _____ Money Order _____

Please Charge \$ _____ on my: _____ VISA _____ MasterCard _____ AMEX _____ Discover

Card Number _____ Exp. Date _____

MC/VISA 16 digits/AE 15 digits/Discover 16 Digits

Signature _____

Dues to the Soaring Society of America are not deductible as charitable contributions for Federal income tax purposes.

PAYMENT MUST ACCOMPANY THIS APPLICATION

THANK YOU!

Please send application with payment to:

The Soaring Society of America, Inc. P O Box 2100 Hobbs NM 88241-2100

Phone: 575.392.1177 Fax: 575.392.8154 Email: membership@ssa.org