



# 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  
Name of Member \_\_\_\_\_ SSA ID # \_\_\_\_\_

\_\_\_\_\_ \$36 **Youth Member** - must be age 22 or less – includes SOARING Magazine  
**Birth Date information required:** \_\_\_\_\_

\_\_\_\_\_ \$1600 **Life Member** – Life Memberships are now available. Contact SSA for details.

\_\_\_\_\_ \$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? \_\_\_\_\_

MY ONE MORE TO SOAR SPONSOR IS \_\_\_\_\_ # \_\_\_\_\_

### 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: 505.392.1177 Fax: 505.392.8154 Email: membership@ssa.org**