

WORLD DISTANCE AWARD

REGISTRATION FORM

SSA MEMBERSHIP No.: _____

PILOT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I wish to participate in the World Distance Award program. I am a current member of the Soaring Society of America. I certify that I will only submit distance totals for flights which have been accomplished in accordance with the Guidelines for the World Distance Award and that each flight will be countersigned as described in the WDA Guidelines.

(Pilot's signature)

(Date)

The one-time registration fee of \$20.00 (**payable to SSA**) is enclosed. I understand there will be no fee for certificates, but the ring signifying WDA completion (40,000 km accumulated distance) will be made available for a nominal cost.

Administrator's Record: Check No: _____ Date received: _____

Date Mailed to SSA: _____

Send Registration, Registration Fee, and Flight Summary Sheets to:

Duane Eisenbeiss, WDA Administrator
507 N Maple St
Prospect Hts, IL 60070

Telephone: 847-259-5418

e-mail: eisenbeiss@compuserve.com