



# CHAPTER MEMBER INPUT FORM

CHAPTER NAME: \_\_\_\_\_

Chapter SSA ID: \_\_\_\_\_

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!**