

Louisville Soaring Club, Inc. Membership Application



Name _____

Spouse Name (Optional for Roster) _____

Mailing Address _____

City, State, Zip _____

Home Phone _____

Email Address _____

Height

Weight

Date of Birth

Occupation _____

Pilot Rating _____

Pilot License Number _____

Pilot Experience (Hours): Glider

Power

Tailwheel

Soaring Society of America Member

Yes

No

If Yes – SSA Number

Expiration Date

Present or Past Member of Other Soaring Club

Organization Name _____

Date

Signature _____

Date

PLEASE RETURN COMPLETED APPLICATION WITH INITIATION FEE TO:

Louisville Soaring Club, Inc.
C/O Larry C. Deener, Sec./Tres.
2301 Shannawood Drive
Lexington, KY 40513-1335

The Louisville Soaring Club, Inc. initiation fee is \$500.00, payable in full amount or \$200.00 with application and \$25.00 per month for 12 months.