

**Louisville Soaring Club, Inc.
Membership Application**

Name: _____

Spouse Name (Optional, for Club Roster): _____

Mailing Address: _____

City _____ State _____ ZIP _____

Home Phone #: _____

Work Phone #: _____

Email Address: _____

Height: _____ Weight _____ Date of Birth _____

Occupation: _____

Pilot Ratings: _____

Pilot License Number: _____

Pilot Experience (Hours): _____

Glider: _____ Power: _____ Tailwheel: _____

Soaring Society of America Member: Yes: _____ No: _____

SSA Number: _____ Expiration Date: _____

Present or Past Member of Other Soaring Club:

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 \$450.00, payable in full amount or \$150.00 with application and \$25.00 per month for 12 months.