



**NEW MEMBER APPLICATION - SOARING SOCIETY OF BOULDER**

P.O. Box 144, Louisville, CO 80027

www. <http://soar.boulder.co.us/>

**Member Information**

Print full name \_\_\_\_\_ Nick Name \_\_\_\_\_ Initials\* \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate\*\* \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

SSN \_\_\_\_\_ Drivers License \_\_\_\_\_ State \_\_\_\_\_

\* Most club billing will use your three letter initials. In case of a duplicate three letter billing initials you will be assigned a new billing code by the club bookkeeper. Enter your preferred alternate three letter billing code below. \*\* Please choose an alternate billing code.

**Flight Experience**

FAA Ratings Held (if any) \_\_\_\_\_

FAA Certificate Number \_\_\_\_\_ Restrictions (if any) \_\_\_\_\_

FAA Medical Held (if any) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Medical Restrictions (if any) \_\_\_\_\_

F.A.I. Badges/Awards Held (if any) \_\_\_\_\_

Aircraft Owned (if any) \_\_\_\_\_ Current SSA Member?  Yes  No Number \_\_\_\_\_

**Application Request & Payments**

Regular       Family       Associate       Limited       Youth Scholarship

**Fees & Deposits**

Fees: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Check No \_\_\_\_\_

"I have received my copy of the SSB membership binder and agree to read and be bound by all the bylaws and operating procedures for the Soaring Society of Boulder (SSB), including paying interest on amounts billed which are outstanding more than 30 days at rate of 1.5% per month.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

SSB Member who witnessed or provided application \_\_\_\_\_

*Applicant may not act as Pilot-In-Command of SSB aircraft until properly signed off by an SSB instructor.*