

WICHITA SOARING ASSOCIATION, INC.

Wichita, Kansas
Membership Application

Name: _____ Age: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Business: _____ Preferred Contact Phone: _____

E-mail: _____ (Billing through email address)

Place of Business: _____

Pilot Ratings: _____

Airman Cert. No.: _____

Flight Experience: (hours of flight time; flight schools you have been associated with, either as student or instructor; any other similar information (give dates and locations). If possible, give name of one person in the local area who has knowledge of your flight experience).

Do you have any known physical defect which would require your flying on a waiver? _____

Describe: _____

I have read, or had explained to me, the Constitution and the Operating Procedures for the Wichita Soaring Association, and I agree to abide by these. I also understand that the club can offer flying at minimum cost only because the work of maintaining the aircraft and running the flying operation is performed by club members.

I agree to share in this work.

Signed _____

Cost of membership in WSA is a non-refundable \$50 application fee, and dues of \$60/year (\$5/month pro-rated).

RETURN APPLICATION TO:
Susan Erlenwein
11701 E. 69th St. N
Wichita, KS 67226

Questions: call Susan, Secretary/Treasurer at 316-644-4586
email: susan.ernelwein@sedgwick.gov
or Harry Clayton, Board Director at 316-644-9117
email: hclayton@pixius.net

For WSA use only:

Directors:

Date Application Approved

