## KANSAS SOARING ASSOCIATION

PERSONAL HISTORY		DATE:	
NAME:		SPOUSE'S	NAME:
ADDRESS:			
STREET:			
CITY:			<u></u>
STATE:	ZIP:		<u></u>
PHONE:			<u></u>
E-MAIL:			
BIRTH DATE:			
OCCUPATION:			
IF CURRENT SSA MEMBER: MEMI	BER #	_EXP DATE:	
WHEN FIRST INVOLVED IN SOARI	ING:		
TYPE OF SHIP:	N		CONTEST NO.:
SHIPS OWNED IN THE PAST:			
RATINGS			
POWER:		FLT. TIME:	
GLIDER:		FLT. TIME:	
BADGE NUMBERS			
C: GOLD:	SILVER:		
DIAMOND LEGS:			
RETURN APPLICATION TO:			
Tony Condon 911 N Gilman. Wichita, KS. 67203	OR	Print, Sign, Scan, Email to abcondon@gmail.com	
MEMBERSHIP FEES (One Year Mer	mbership)		
	Regular	Student	Family
Soaring Society of America	\$69.00	\$39.00	\$39.00
Kansas Soaring Association	\$31.00	\$31.00	\$31.00
Total	\$100.00	\$70.00	\$70.00

KSA membership is \$50.00 if SSA membership is not through KSA