KANSAS SOARING ASSOCIATION

PERSONAL HISTORY		DATE:		
NAME:		SPOUSE'S NAME:		
ADDRESS:				
STREET:				
CITY:				
STATE:	ZIP:			
PHONE:				
E-MAIL:				
BIRTH DATE:				
OCCUPATION:				
IF CURRENT SSA MEMBER: MEMI	BER #	_EXP DATE:		
WHEN FIRST INVOLVED IN SOARI	NG:			
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	N Gilman. OR		Print, Sign, Scan, Email to abcondon@gmail.com	
MEMBERSHIP FEES (One Year Mer	mbership)			
	Regular	Student	Family	
Soaring Society of America	\$72.00	\$42.00	\$42.00	
Kansas Soaring Association	\$53.00	\$33.00	\$33.00	
Total	\$125.00	\$75.00	\$75.00	

KSA membership is \$75.00 if SSA membership is not through KSA