

WICHITA SOARING ASSOCIATION, INC.

Wichita, Kansas

Membership Application and Record Form

Name: _____ Age: _____ Date: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____
Business: _____

E-mail: _____

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

RETURN APPLICATION TO:

Susan Erlenwein
11701 E. 69th St. N
Wichita, KS 67226
Ph (316) 644-4586 or (316) 644-9117

Or

Steve Leonard
11117 W. Westlawn
Wichita, Ks. 67212
Ph (316) 729-0356

For WSA use only:

Date Application Approved

Directors:

