



CHAPTER MEMBER INPUT FORM

CHAPTER NAME: Illini Glider Club Inc.

Chapter SSA ID: 254037

Action to be taken:

_____ **Add NEW club member**
_____ **If already an SSA member: ID #** _____ **Exp. Date** _____
_____ **Change of Address**
_____ **Delete from roster**

Name _____ M _____ F _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Fax _____

Email Address _____

Birthdate _____ (Required for SSA youth membership)

DUE PAYMENT

If new SSA member, dues payment must accompany this application.

_____ **\$75 Full Member** – includes subscription to SOARING Magazine

_____ **\$45 Family Member** – No SOARING Magazine subscription

_____ **\$42 Youth Member** – Must be age 22 or less - includes SOARING Magazine

_____ **\$1,875 Life Member** – Now available, contact SSA for more information

_____ **\$62 Associate Member** – Only available to Full Members 75 years of age or older with 5 consecutive years of membership without a break, and renewing Associate Members

Submitted by: _____ Date: _____

Club Officer / Title: _____

The Soaring Society of America, Inc.
P.O. Box 2100
Hobbs, NM 88241-2100
Email: membership@ssa.org Phone: 575-392-1177