



SOUTH BAY SOARING SOCIETY MEMBERSHIP APPLICATION

Personal Information:

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First Name	Last	Home Phone	Mobile phone	Date
Address		City	Zip	Date of Birth
E-mail Address				

General Membership Information:

- **New Member** is defined as anyone who was not a member the previous year.
- **Senior Member** is defined as anyone who is over the age of 62 at the time of application for membership.
- **Junior Member** is defined as anyone who is under the age of 17 on July 1 of the year of application for membership.
- **Open Member** is defined as anyone who is between the ages of a Junior and Senior Member.
- **Family Member** is defined as an Open Member plus any (2) family members in the same household. Limit of TWO (2) family members with each Family Membership. Only members flying at club fields must have current AMA number.

I have internet access and will receive my newsletter, schedules, and correspondence from our official website, www.sbss.org and my communications through email. This represents a significant savings to our club.

I do not have internet access and request that newsletters and correspondence be mailed via USPS.

Annual Dues -- beginning in:	January	April	July	October	Dues	+	Donation	=	Fees Enclosed
<input type="checkbox"/> Open Renewal	\$40.00				<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
<input type="checkbox"/> Open New Member	\$50.00	\$40.00	\$30.00	*					
<input type="checkbox"/> Senior Renewal	\$30.00								
<input type="checkbox"/> Senior New Member	\$40.00	\$30.00	\$20.00	*					
<input type="checkbox"/> Junior New/Renewal	\$20.00			*					
<input type="checkbox"/> Family	\$50.00								

Please make check payable to:

South Bay Soaring Society

Mail application to:

SBSS

P.O. Box 2012

Sunnyvale, CA 94087

* October and Later, Remainder of current year fee is waived with payment of next year's full dues.

Full Membership Commitment:

By Applying for membership in the **South Bay Soaring Society**, I hereby agree to become a member in the **Academy of Model Aeronautics**. I agree to subscribe to the **SBSS Constitution** and **By-Laws** as published on the club website and to the safety rules of our club flying sites. If I do not have internet access I have received a copy of these documents.

AMA Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: _____

Your Interests:

The South Bay Soaring Society relies greatly on club participations for its success and enjoyment. Any product or service you can provide the club would be greatly appreciated. Please list the service or products you would like to provide to the club :

Your flying skill level:

- Expert Sportsman Novice Do not know how to fly

Check activities in which you are interested:

- Competitions Fun Fly's Workshops LSF
 Thermal Duration Slope Aerotow Other _____

What are you willing to do to help make the activities above happen:

- Club Officer Mall Show Host Newsletter Contest Director
 Appointed Club Position Equipment Handler Put on a Workshop Assistant Contest Director
 Youth Training Equipment Maintenance Instructor Competition Worker
 Photographic Work Other _____

Channel(s) that you operate your radio on: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Family members: AMA# _____ Name _____ AMA# _____ Name _____

Membership routing: Secretary New Member Coord. Treasurer Records Keeper