Chapter Member Input Form

CHAPTER NAME: Penn State Soaring Club

Chapter SSA ID # 922869

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 Youth membership)**

DUES PAYMENT

If New SSA Member, dues payment must accompany this application.

_____ **$64** **Full** Member — includes subscription to **SOARING** Magazine

_____ **$36** **Family** Member — no subscription with this member type

_____ **$36** **Youth** Member — must be age 22 or less — includes **SOARING** Magazine

_____ **Life** Member — now available, contact SSA for more information

Submitted by: _____ Date: _____

Club Office/Title: _____

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Thank You!