

**West Michigan**  
**Soaring Society**  
APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
AMA Number: \_\_\_\_\_ (Membership in AMA **required** to fly.)  
Radio Frequencies (Channels) used: \_\_\_\_\_  
Do you need help building? \_\_\_\_\_ Need Instructions? \_\_\_\_\_

**Dues are \$30.00**

Membership dues are payable on or before January 1<sup>st</sup>.

New members applying after September 1<sup>st</sup> are considered paid through the following year.

*Membership is complete upon payment of dues and voting acceptance of application at a club meeting.*

**AGREEMENT**

Upon acceptance of this application by the West Michigan Soaring Society, I agree to abide by the by-laws

governing safe flying and sportsmanlike conduct while at the flying field and other club functions.

Furthermore, I agree to pay the annual dues and any special assessment that may be agreed upon by majority of the members at a business meeting.

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*Signature*

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Date

**Please, send applications to: Cal Posthuma (616) 997-1905**  
**13430 60<sup>th</sup> Ave**  
**Coopersville, MI 49404**