



# MID GEORGIA SOARING ASSOCIATION MEMBERSHIP APPLICATION FORM

Type of membership:

Full

Associate

Family

Event

Visiting  
Discovery

Name (PLEASE PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_) \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

How did you learn about the Mid Georgia Soaring Association? \_\_\_\_\_

Type of FAA Glider rating (if any): \_\_\_\_\_

(If sailplane owner, list type and partner's name, if applicable): \_\_\_\_\_

Contest No: \_\_\_\_\_

FAI Badges: \_\_\_\_\_

Types of sailplanes flown: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

Total Glider Time: \_\_\_\_\_

Tow plane experience (if any): \_\_\_\_\_ Time: \_\_\_\_\_

Power ratings: \_\_\_\_\_ Total Time: \_\_\_\_\_

I hereby make application for membership in **Mid Georgia Soaring Association, Inc. (MGSA)**, a non-profit corporation of the State of Georgia, organized among enthusiasts who seek to foster and promote all phases of soaring flight on a local and regional basis. MGSA is an approved chapter of the *Soaring Society of America*, a division of the *National Aeronautic Association*.

Through my interests, efforts and reasonable financial support I pledge to promote the goals of **Mid Georgia Soaring Association, Inc.** including to preserve, protect and improve its equipment; to promote flight safety; to promote the public image of soaring; and to provide for the greatest enjoyment of the social and sporting benefits of soaring flight as may be derived from **Mid Georgia Soaring Association, Inc.**

I acknowledge that as a voluntary association of enthusiasts, MGSA depends upon the initiative, industry, resourcefulness, and leadership inherent in its membership for its continuance and prosperity. I shall contribute as I can and hereby request the consideration of **Mid Georgia Soaring Association, Inc.** for membership.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submitted by:

MGSA Sponsoring Member \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

MGSA Officer \_\_\_\_\_ Date: \_\_\_\_\_

