



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: (____) _____

Cell Phone: (____) _____ Spouse's Name: _____

E-mail address _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

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: _____

Applicant References:

Phone: _____

