

SOARING UNION OF LOS ANGELES 20____ MEMBERSHIP APPLICATION

FIRST/LAST NAME	SPOUSE'S NAME	DATE				
ADDRESS		BIRTHDATE				
СІТҮ	STATE	ZIP				
PRIMARY PHONE	EMERGENCY CONTACT PHONE					
AMA # (attach copy)	E MAIL(Please write clearly)					

We welcome your application for membership in the Soaring Union of Los Angeles (SULA) as a new or returning member. Your signature below indicates compliance with all local, state and federal regulations and some fundamental tenants as a member of SULA. The tenants are membership of the Academy of Model Aeronautics (AMA), agreement to abide by the SULA field safety rules and conducting yourself in a manner consistent with good sportsmanship while participation at the field or event representing SULA. If not already a member, join AMA so that flying will be covered by their insurance policy. This provides for liability insurance while operating any model aircraft. Noncompliance with the above could result in suspension or revocation of your flying privilege or club membership. Also, by becoming a SULA club member, it is hoped that you will participate in various club functions. We look forward to your presence and support at the field and our events.

SIGNATURE	SULA website:	https://sula.club/

CONTINUING MEMBERSHIP RENEWAL			NE NEW W	EMBERSHIPS	<u>></u>		
	JAN 1 - JUNE 30	\$45			MEMBERS	JAN 1 - June 30	\$50
	AMILY MEMBER	\$10			MEMBERS	JULY - AUGUST	\$25
	ER (18 and under)	FREE		PTE 🗆 NEW	MEMBERS	SEPT -OCT	\$15
SENIOR 80 and	over	FREE			MEMBERS	NOV -DEC	\$5
TOTAL AMOUNT RECEIVED CASH CHK# RECEIVED BY MAKE CHECK PAYABLE TO S.U.L.A. PLEASE GIVE TO A BOARD MEMBER OR MAIL TO:							
				SOARING UNION OF LOS ANGELES P.O. BOX 3816 TORRANCE, CA 90510-3816			
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