

## 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)(Please write clearly)	E MAIL		

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/

DUES SCHEDULE									
CONTINUING MEMBERSHIP RENEWAL			<u>NEW MEI</u>	NEW MEMBERSHIPS					
	JAN 1 - JUNE 30	\$35		□ NEW M	IEMBERS	JAN 1 - June 30	\$50		
	AMILY MEMBER	\$10		□ NEW M	IEMBERS	JULY - AUGUST	\$25		
□ JUNIOR MEMB	ER (18 and under)	FREE		□ NEW M	IEMBERS	SEPT -OCT	\$15		
□ SENIOR 80 and	over	FREE		□ NEW M	IEMBERS	NOV -DEC	\$5		
	RECEIVED YABLE TO S.U.L.A.					EIVED BY RD MEMBER OR N	MAIL TO:		
				÷	P.O. BOX TORRANC	UNION OF LOS AN 3816 EE, CA 90510-381 COPY OF AMA CAF	6		