ARIZONA SOARING ASSOCIATION MEMBERSHIP APPLICATION

Name:		
Spouse:		
Glider:	Contest #:	
Address:		
City:		
State:	Zip:	
Home Phone:		
Business phone:		
Cell Phone:		
Email:		
POWER(STU,PRV,COM FAI badges held: SILVER (DUR,ALT,DIST GOLD (ALT,DIST,COMP DIAMOND (GOAL,ALT,I	M,CFI,DESIGNEE): M,CFI,DESIGNEE,ATP): T,COMPLETE): PLETE): DIST,COMPLETE):	
ANNUAL DUES ASA Membership: Oxygen: ASA Contest Series:	\$25 \$20	

Print application, complete all information fields, and circle appropriate fees. Make check payable to "Arizona Soaring Association" and mail to:

ASA Membership 6535 N 14th Street Phoenix, Arizona 85014