



Portland Area Sailplane Society 2024 MEMBERSHIP APPLICATION

Name _____ AMA# _____
Write all names as you wish them to appear in the roster (e.g. David or Dave?)

Address _____ CD? (Y/N) _____

City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____

E-mail address _____

Do you want your email address included on the PASS webpage? Yes No

Spouse or SO _____ LSF# / Level _____ / _____

Radio Frequencies _____

Additional Family Members

1. Name _____ AMA# _____

LSF# / Level _____ / _____ Radio Frequencies _____

2. Name _____ AMA# _____

LSF# / Level _____ / _____ Radio Frequencies _____

3. Name _____ AMA# _____

LSF# / Level _____ / _____ Radio Frequencies _____

Dues	Full year	after 3/31	after 6/30	after 9/30
<input type="checkbox"/> Junior - under 19 - includes newsletter	\$10.00	\$10.00	\$10.00	\$10.00
<input type="checkbox"/> Individual - includes newsletter	\$30.00	\$22.50	\$15.00	\$ 7.50
<input type="checkbox"/> Newsletter only	\$15.00	\$11.25	\$ 7.50	\$3.75

\$ TOTAL PAID _____

For the newsletter, please send the:

e-mail edition
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Make check payable to: Portland Area Sailplane Society

Send to: PASS
PO Box 115
Molalla, OR 97038