



MEMBERSHIP APPLICATION

Please fill out this form as completely as possible. Maintaining accurate information allows the Club to notify you of events and information that may be valuable to you. If any of this information changes, please submit a revised form as soon as possible. This will help keep the Club database current.

MEMBERSHIP TYPES

Full Membership—\$75 annual dues. Includes flight privileges, use of SHGA facilities, website, and voting rights.
Monthly Membership—\$10 (30 days). Includes flight privileges and use of SHGA facilities.

Membership is not valid unless this form is completed and payment is enclosed.

DATE _____ NEW MEMBER INFO UPDATE

TYPE OF MEMBERSHIP (check one) Full Associate Quarterly Monthly Daily

USHPA NUMBER _____ USHPA EXPIRATION DATE _____

NAME _____ NICKNAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL PHONE (_____) _____ E-MAIL _____

OCCUPATION _____ HAM CALL SIGN _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT HOME PHONE (_____) _____

EMERGENCY CONTACT WORK PHONE (_____) _____

EMERGENCY CONTACT CELL PHONE (_____) _____

TYPE RATING (check one)

HG I-BEGINNER II-NOVICE III-INTERMEDIATE IV-ADVANCED V-MASTER

PG I-BEGINNER II-NOVICE III-INTERMEDIATE IV-ADVANCED V-MASTER

This application may be mailed or dropped in the payment tube in the LZ.
Please make checks payable to SHGA and include payment with this application.

MAIL TO: SHGA
 P.O. Box 922303
 Sylmar, CA 91392