



## 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

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