



Membership Form

1. Membership Type (Please check one)

- | | | |
|------------------------------------|---|---------|
| <input type="checkbox"/> Full | Voting, Officer Eligibility, All club resources | \$30/yr |
| <input type="checkbox"/> Associate | Non-voting, Officer ineligible, Meetings & website only | \$15/yr |

2. Contact Information

Full Name: _____

Address: _____
Street, Unit, City, State, and Zip. (Only the City will be placed on the website.)

E-mail: _____

Phones: Cell _____ Home _____ Work _____
Please circle the one desired for listing on the website, or none if prefer unlisted.

Occupation: _____

3. Flying Information

Year Started Flying: _____ USHPA: Rating _____ Member #: _____ Expiration date: _____

Wing: _____ Colors: _____
Manufacturer and Model, e.g., "Edel-Excel" Top, Bottom, Accent, e.g., "Blue, White, Red"

Harness: _____ Reserve: _____
Manufacturer and Model, e.g., "SupAir - Profeel XC 2" Colors, e.g., "White, Yellow"

Instructor(s): _____

Car: Make: _____ Color: _____
(To help us recognize you at launch sites - Not posted on the website.)

Favorite Phrase: _____
(For your website listing - show your personality!)

4. Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone(s): _____

5. Signature

I understand the information above may be published on the Club website except as noted or otherwise specifically indicated by me.

Signed: _____ Date: _____

Welcome to the Boulder Paragliding Club