

Application to join the Rainier Paragliding Club

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Home phone: _____ Cell phone: _____

Email: _____

USHPA #: _____ Rating: _____ Exp. Date _____

Emergency Contact: _____ Phone: _____

Signature: _____

By signing this you acknowledge that you have read, understand and will abide by the clubs by-laws.

(By-laws are available on the club web site at www.rainierparaglidingclub.org)
(Applications to join will be returned if not signed)

Annual dues are payable in July each year and are for a year period from July 1 to June 30 of the next year.

\$24 for individuals

\$36 for families living at the same address

Send completed application and payment to the club Treasurer:

Kathy Smith

P.O. Box 13

Cinebar, WA 98533

Payment method:

? Check (payable to Rainier Paragliding Club)

? Cash

Amount paid: \$ _____