

Membership Application
Rogue Valley Hang gliding and Paragliding Association

Welcome to the RVHPA. Membership runs from Jan. 1 to Dec. 31.

Full name _____

Street Address _____

City/State/Zip _____

Home Ph: _____ Work Ph: _____ E-Mail _____

Family Member Name: _____

USHGA# _____ Expiration date _____

RVHPA WAIVER SIGNED? Yes No

HG pilot rating _____ -appointments or instructor ratings _____

PG pilot rating _____ -appointments or instructor ratings _____

Signed off launch methods _____ *Special skill signoffs _____

Glider make/model/color _____

Emergency Notification Name _____ Relationship _____

Home Phone _____ Work phone _____

Full Member \$30.00 (Includes \$10.00 Site Insurance) \$ _____

Additional family members @\$10.00 each \$ _____

Donation for site improvements, wind flags, awards, etc. \$ _____

TOTAL \$ _____

I PLEDGE TO ABIDE BY THE BYLAWS OF THE RVHPA AND
ALL USHGA REQUIREMENTS:

Signature _____ Date ____ - ____ - ____

Mail to: RVHPA
P.O. Box 1292
Medford, Or, 97501