

[Please type/print]

SOS Application Form

() - optional

First Name: _____ (Nickname:) _____

Last Name: _____ Gender: (Male / Female)

Email: _____

Address: _____

Lifetime membership fee: \$20

Make check payable to:
Pat Moorehead, SOS#1

Email form to:
skyfunone@aol.com

Date of Birth: Day: ____ / Month: ____ / Year: ____

DD MMM YYYY (0 2 / J A N / 1 9 6 6)

(Country Code:) _____

(Phone:) _____

Date of last jump: _____

Total jumps: _____ (may be tandem, AFF, S/L, military, emergency exit...)

(Home DZ / Club:) _____

USPA /FAI membership number: _____

License / rating (ie "D - 12300"): _____

Where did you hear about SOS:

[] Parachutist mag [] Facebook [] POPS website [] Dropzone: (DZ name:) _____

[] friend (name:) _____

[] other _____

Do you prefer: beer, water, soda, wine...

FB page: POPS-USA

If you have a POPS #

Website: www.POPS-USA.com

Please note it here:

Email: skyfunone@aol.com

Phone: 562-630-5229

Address: Pat Moorehead, SOS #1
3350 East St. Francis Place
Long Beach, CA 90805-3854