

[Please type/print]

SOS Application Form

() - optional

First Name: _____ (Nickname:) _____

Last Name: _____ Gender: (Male / Female)

Email: _____

Address: _____

Lifetime SOS membership fee: \$20

Make check payable to:
Pat Moorehead, SOS#1

Or PayPal:
skyfun004@gmail.com

Date of Birth: Day : __ __ (1 - 31)

Month: __ __ __ (JAN, FEB, MAR, APR, MAY, JUN,
JUL, AUG, SEP, OCT, NOV, DEC)

Email form to:
skyfunone@aol.com

Year: __ __ __ __ (ie: 1 9 4 8)

(Country Code:) _____

or **Mail** form and check to: Pat
Moorehead, SOS #1
3350 East St. Francis Place
Long Beach, CA 90805-3854

(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: 562-506-5185

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

PayPal: skyfun004@gmail.com