SAVE PRINT CLEAR

PHPA
Professional Helicopter Pilots Association

MEMBERSHIP APPLICATION

RECEIVED BY:

OFFICE USE ONLY

PART A – MEMBERSHIP TYPE

- ☐ PROFESSIONAL PILOT ($ 35)
- ☐ ASSOCIATE MEMBER ($ 35)
- ☐ STUDENT PILOT ($ 20)
- ☐ CORPORATE MEMBER ($ 200)

COMPANY / AGENCY NAME

STUDENT MEMBERS WILL AUTOMATICALLY BE RECLASSIFIED AS ASSOCIATE MEMBERS AT THE END OF THE BILLING CYCLE.

PART B – MEMBER INFORMATION

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE ZIP CODE –

COUNTRY

PART C – CONTACT INFORMATION

HOME PHONE – –

WORK PHONE – –

MOBILE PHONE – –

FAX – –

EMAIL ADDRESS 1

EMAIL ADDRESS 2

PART D – FIRST HELICOPTER SOLO FLIGHT

DATE M D Y

PART E – PAYMENT INFORMATION

REASON ☐ NEW MEMBERSHIP ☐ MEMBERSHIP RENEWAL ☐ MERCHANDISE

DUES EXPIRE 06 / 30 / ____

PMT METHOD ☐ CASH ☐ CHECK No. ☐ MONEY ORDER

☐ CASHIERS CHECK ☐ PAYPAL ☐ OTHER

AMOUNT .

NOTES