SAVE PRINT CLEAR

PHPA

Professional Helicopter Pilots Association
PO Box 4699, Garden Grove, CA 92842

MEMBERSHIP APPLICATION

RECEIVED BY:

OFFICE USE ONLY

PART A – MEMBERSHIP TYPE

☐ REGULAR PILOT ($45)

☐ ASSOCIATE MEMBER ($45)

☐ STUDENT PILOT ($25)

☐ CORPORATE MEMBER ($275)

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 1 2 3 1

PMT METHOD ☐ CASH ☐ CHECK No. ☐ MONEY ORDER

☐ CASHIERS CHECK ☐ PAYPAL ☐ OTHER

AMOUNT .

NOTES

Payments will be applied to the current billing cycle (1/1 thru 12/31). PHPA Membership Application v2.4