



MEMBERSHIP INFORMATION FORM

To generate reports that will give us characteristics about our membership and assist us in identifying changing trends, we need as much information about each Pilot as possible. We urge you to complete all questions so that we may have a complete profile of the makeup of our membership.

Membership Type: New Member-At-Large Associate Reinstated
(Please Print)

Pilot Club of _____ District _____
(Former Club, If MAL)

Name _____
(First) (Middle) (Last) (Suffix - Jr, Sr, etc)

Nick Name _____ Salutation _____
(Mr,Ms,Mrs,Dr, The Honorable,etc)

(Mailing Address - Include City, State, Province, Prefecture, Postal Code, Country as needed)

If above is a P. O. Box, list street address, route, etc.

Area Code: _____ Area Code: _____ FAX _____
(Residence) (Business)

email _____

List membership in other organizations/charities, below:

