Professional Pilots Association





Please print this form, complete and bring it to the next monthly meeting Select One: DATE: ☐ New Membership ☐ Member Updated Information APPLICANT INFORMATION Name:_____ MEMBERSHIP APPLICATION REQUIREMENTS Address:____ Attend three meetings. Be actively involved in aviation. City/State/Zip: Hold a Commercial Pilot's Certificate Have a minimum of 600 hours Home Phone: Pilot Certificate Number:_____ COMMITTEE CERTIFICATION (new member applicants require endorsements from three PPA members) Company: Address: City/State/Zip: Office Phone: Type Aircraft Now Flying: Approved_____ Rejected Date **MEMBERSHIP DUES:** ☐ New Member Initiation Fee \$50.00 I certify that I hold a Commercial Pilot's Certificate and have a minimum of 600 hours. Signed