

# Membership Information Form

In order 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.

(Please Print)

Membership Type: New  Reinstated  E-Member  Member-At-Large   
Associate  Provisional

Pilot Club of \_\_\_\_\_ District \_\_\_\_\_  
(Former Club, if MAL)

Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix - Jr, Sr, etc.)

Nick Name \_\_\_\_\_  
(Mr., Ms., Mrs., Dr., The Honorable, etc.)

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
(City, State, Province/Pref. Zip) (If mailing address is P O Box, list street, city, state & zip for UPS delivery)

Country \_\_\_\_\_ Residence Telephone (\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address \_\_\_\_\_  
(By providing this e-mail address, you give permission to receive Constant Contact)

Cell Phone(\_\_\_\_) \_\_\_\_\_

List membership in other organizations/charities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

