



Air Line Pilots Association, International

535 Herndon Parkway
Herndon, VA 20170-5226

APPLICATION FOR MEMBERSHIP

Please complete this form in its entirety. Completed and signed applications can be mailed to the address above; e-mailed to Membership@alpa.org; or faxed to (703) 464-2115.

PERSONAL INFORMATION

Name: _____
FIRST NAME MIDDLE NAME LAST NAME

List any alias or maiden name: _____ Nickname: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Primary Phone: • Home • Cell _____ Secondary Phone: • Home • Cell _____

E-mail: _____ Date of Birth (MM/DD/YYYY): _____

SSN (U.S)/SIN (Canada): (At discretion of member, provide last four digits) _____ Sex: • M • F

Name of spouse/nearest relative: _____ Relationship: _____

Address (if same, so state): _____

CURRENT AIRLINE EMPLOYMENT INFORMATION

Name of Airline: _____ Employee or Payroll Number: _____

Domicile/Base: _____ Aircraft: _____ Position: • CA • F/O • S/O • PFE

Date of Hire: _____ Monthly Rate of Pay: \$ _____

Date Assigned to Seniority List: _____ Seniority Number: _____

PREVIOUS EMPLOYMENT IN AVIATION, INCLUDING MILITARY

(List last three employers or last seven years)

EMPLOYER	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

If military, what rank? _____

FLIGHTCREW MEMBER EDUCATION AND QUALIFICATIONS

University/Flight School: _____

Pilot License Type: _____ Certificate Number: _____

Flight Engineer Type: _____ Certificate Number: _____

Flight Time Record (in Hours):

_____ + _____ + _____ = _____
AIRLINE MILITARY OTHER TOTAL HOURS

UNION DATA

Have you ever applied for ALPA membership? Yes No

Which airline? _____ Previous ALPA Number: _____

Have you ever been a member of a union representing flight deck crewmembers other than ALPA? Yes No

If yes, which union? _____ Member Number: _____

Have you ever actively worked as a pilot for an airline at a time when its pilots, represented by ALPA, were on authorized strike or locked out by their employer?

Yes No If yes, give dates: _____ Which airline: _____

SIGNATURE

Upon approval of membership, I agree to pay the required initiation fee, assessments, and annual dues.

I agree to abide by the Constitution and By-Laws of the Air Line Pilots Association, International, as they are now in force, or as they may be hereafter amended, changed, modified, or adopted.

Signature: _____ Date: _____

Add your electronic signature above and submit the completed form using the submit button (right side). You can also print and sign the form, then mail it to the above address (top of form) for fax it to (703) 464-2115

SUBMIT

PRINT

RESET

For Administrative Use Only

MEMBERSHIP APPROVAL

This applicant is **Approved** **Disapproved** for **Apprentice** **Reactivated** **Active**

Membership by COUNCIL number: _____ If disapproved, state reason: _____

Signature: _____ Date: _____
(COUNCIL OFFICER OR DESIGNEE)

ASSOCIATION APPROVAL

Approved **Disapproved** Assigned ALPA Number _____

Signature: _____ Date: _____
(VICE PRESIDENT - ADMINISTRATION)