



Air Line Pilots Association, International

535 Herndon Parkway, P.O. Box 1169
Herndon, VA 20172-1169

APPLICATION FOR MEMBERSHIP

Please complete this form in its entirety.

Print, sign the application, and mail to the address above.

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: _____ Sex: M F

Name of spouse or 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: _____

Print and sign the completed form.
Mail it to the address at the right or
fax it to (703) 464-2115.
You can also scan and e-mail it to:
membership@alpa.org

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535 Herndon Parkway
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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)