

## **APPLICATION FOR MEMBERSHIP**

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

Personal Information										
Name:										
First Name	Middle Name			Last Name	Suffix					
List any alias or former name:			Nickname:							
Mailing Address Line 1:										
Line 2:										
Line 3:										
City: 2	Zip/Postal Code:			Country:						
State/Province:	Email <u>:</u>									
Primary Phone:	Cell Ph	one:								
Date of Birth:	Gender:	Male	Female	2						
Name of Emergency Contact:										
Relationship: Email of Emergency Contact:										
Emergency Contact Phone Number:				-						
Current Airline Employment Information										
Name of Airline:	Employee or Payroll Number:									
Domicile/Base: Aircra	Aircraft: Pos			n:						
Date of Hire:	Seniority Number:									
Previous Employment in Aviation										
Employer:	Employed	From:		Employed To:						
Flightcrew Member Education & Qualification										
University and/or Flight School:	Hernoer Earlea	en a quu								
Were you a member of an ALPA Ace Club or Mentor Program at this school?YesNo										

Yes

No

Did you attend an ALPA outreach event at this school?

		Pilot License Type & Flig	ght Time Record		
Pilot License Type:	U.S. Restricted A	TP U.S. Full ATP	Canadian ATP	Commercial	
Certificate Number:					
How did you receive your University/College U.S. FAR Part 141 Pro	Flight Academ	ny Flight School	U.S. FAR Part 61 I her non-U.S. civilian fli		
Flight Time Record (in Ho	ours):	+	+	= Other	
	Airline			Other	Total
		Military Exper	rience		
Branch of Service: Army (U.S.) Navy (U.S.)	Army (Canadian) Marines (U.S.)	Air Force (U.S.) Marines (Canadian)	Air Force (Royal Cana Coast Guard (U.S.)		al Canadian) rd (Canadian)
Years of Service:	From (YYYY):		To (YYYY <u>):</u>		
Current Status: Discharged	Retired Cu	rrently Serve - Reserves	Currently Serve -	National Guard	Not Specified
		Union Dat	ta		
Have you ever applied fo	r ALPA membership or	worked for an ALPA repre	esented carrier?	Yes	No
If, 'Yes': Airline:		ALPA	A Number:		
Have you ever worked as					
Locked out by that airline		t a time when its pilots, h	epresented by ALPA, we	Yes	No
If 'Yes': Airline:			From:	То:	
		Signature	e		
Upon approval of membe	rship, I agree to pay tl	ne required fees, assessme	ents, and annual dues.		
I agree to abide by the C may hereafter be amende		vs of the Air Line Pilots As , or adopted.	sociation, International	, as they are now in	force, or as they
Signature:			Date:		
		For Administrative	Use Only		
		Membership Ap	oproval		
The Applicant is:	Approved D	isapproved for Ap	oprentice React	ivated Activ	ve
Membership by COUNCIL	number <u>:</u>	If disapproved, state	reason:		
Signature:			Date:		
	(Council Offic	er or Designee)			
		Association Ap	proval		
The Applicant is:	Approved	Disapproved Assig	gned ALPA Number:		
Signature:	(Vico Prosident	- Administration)	Date:		
	(vice President	- Authinistration)			