



Air Line Pilots Association, International

7950 Jones Branch Drive, Suite 400S
McLean, VA 22102

APPLICATION FOR MEMBERSHIP

Please complete this form in its entirety. Completed and signed applications may be mailed to the address above; emailed to Membership@alpa.org; faxed to (703) 464-2115; or submitted electronically via the **SUBMIT** button which will generate an email with the form as an attachment.

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: _____ Zip/Postal Code: _____ Country: _____

State/Province: _____ Email: _____

Primary Phone: _____ Cell Phone: _____

Date of Birth: _____ SSN (U.S.)/SIN (CDN) (Optional): _____

Gender: Male Female 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: _____ Aircraft: _____ Position: _____

Date of Hire: _____ Seniority Number: _____

Previous Employment in Aviation

Employer: _____ Employed From: _____ Employed To: _____

Flightcrew Member Education & Qualification

University and/or Flight School: _____

Were you a member of an ALPA Ace Club or Mentor Program at this school? Yes No

Did you attend an ALPA outreach event at this school? Yes No

Pilot License Type & Flight Time Record

Pilot License Type: U.S. Restricted ATP U.S. Full ATP Canadian ATP Commercial

Certificate Number: _____

How did you receive your flight training? (check all that apply):

University/College Flight Academy Flight School U.S. FAR Part 61 Program
U.S. FAR Part 141 Program Canadian or other non-U.S. civilian flight training

Flight Time Record (in Hours): _____ + _____ + _____ = _____
Airline Military Other Total

Military Experience

Branch of Service:

Army (U.S.) Army (Canadian) Air Force (U.S.) Air Force (Royal Canadian) Navy (Royal Canadian)
Navy (U.S.) Marines (U.S.) Marines (Canadian) Coast Guard (U.S.) Coast Guard (Canadian)

Years of Service: From (YYYY): _____ To (YYYY): _____

Current Status:

Discharged Retired Currently Serve - Reserves Currently Serve - National Guard Not Specified

Union Data

Have you ever applied for ALPA membership or worked for an ALPA represented carrier? Yes No

If, 'Yes': Airline: _____ ALPA Number: _____

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

Yes No

If 'Yes': Airline: _____ From: _____ To: _____

Signature

Upon approval of membership, I agree to pay the required fees, 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 hereafter be amended, changed, modified, or adopted.

Signature: _____ Date: _____

For Administrative Use Only

Membership Approval

The Applicant is: Approved Disapproved for Apprentice Reactivated Active

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

Signature: _____ Date: _____
(Council Officer or Designee)

Association Approval

The Applicant is: Approved Disapproved Assigned ALPA Number: _____

Signature: _____ Date: _____
(Vice President - Administration)