

CORPORATE PILOTS ASSOCIATION
MEMBERSHIP APPLICATION



Regular (Individual Pilot or Flight Attendant)
 Associate (Individual)
 Aviation Company

APPLICANT INFORMATION

First Name		Last	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Company Name				

PROFESSIONAL INFORMATION FOR REGULAR OR ASSOCIATE MEMBERS (check all that apply)

Student	Private	Instrument	CFI	Commercial	ATP	Other:
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TOTAL FLIGHT HOURS

ADDITIONAL INFORMATION FOR SUPPORT COMPANIES

Type of Business _____

Services Provided _____

Facility Location(s) _____

MEMBERSHIP FEES

Regular Membership - \$89
 Associate Membership - \$100
 Aviation Company Membership Fee based on number of employees. Please contact CPA for information.

Mail this application along with check for the appropriate membership fee made payable to *Corporate Pilots Association* to

Corporate Pilots Association
 PO Box 685
 Bedford, MA 01730