

Date: ____ / ____ / ____

Name: _____

Telephone: (____) - ____ - ____

E-mail: _____

Purdue Status: Student ☐ Faculty ☐ Staff ☐ Spouse ☐ (check one)

How did you hear about PPI?

Why do you want to join PPI?

I _____ certify that _____
(flight instructor's name) (dream flight applicant's name)

completed the PPI dream flight on ____ / ____ / ____ and qualifies for a \$20 refund upon
(date of flight)
joining Purdue Pilots Inc.

FLIGHT INSTRUCTOR SIGNATURE _____

DREAM FLIGHT APPLICANT SIGNATURE _____

PPI TREASURER SIGNATURE _____