CORPORATE PILOTS ASSOCIATION

Individual Membership Application



APPLIC	ANT	INFOR	MATION										APPLICANT INFORMATION													
First Name						Last				۷.I.	Dat	te														
Street Ad	dress								Apartment/Unit #																	
City									Z	ZIP																
Phone	e					E-mail	nail Address																			
Flight Dep	partme	ent (if app	olicable)																							
PROFES	PROFESSIONAL INFORMATION																									
Pilot Grade (circle one)		None	Student	Private Instrum		ent	CFI	Commercial	ATP	Other:																
FLIGHT	FLIGHT HOURS																									
Single					Multi-piston																					
Multi-jet						Instrument																				
Other						TOTAL Flight Hours																				
SAFETY	REC	OGNIT	ION																							
If you wish to be recognized for a safety certificate please attach a copy of your pilot's certificate to this application. * To be recognized for a Safety Certificate, you must have an accident and incident free record. Recognitions are Silver Wings for pilots that are accident and incident free for over 2500 total hours. Bronze Wings are for pilots that are accident and incident free for over 5000 hours. Gold winds are for pilots that are accident and incident free for over 10000 hours.																										

Mail this application along with a \$100 check (unless applying as part of a flight department) made payable to *Corporate Pilots Association* to:

Corporate Pilots Association PO Box 685 Bedford, MA 01730