

APPLICATION FOR MEMBERSHIP*IN THE NELSON PILOTS' ASSOCIATION

I hereby apply for membership in the Nelson Pilots' Association as a(n)

_____ Member. I am aware that the Associate
(* Full or Associate)

Membership affords all of the Rights, Privileges and Duties EXCEPT holding office and voting.

Name _____

Mailing Address: _____

Telephone (Home) _____ (Work) _____

Email _____

Why do you wish to belong to the Nelson Pilots' Association? _____

Signed _____