

California Pilots Association – Membership Application

Organization/Business

Organization Info

Organization Name*: _____

Address*: _____ City*: _____ State*: ____ Zip*: _____ - _____

Phone: (____) _____ - _____ Base Airport*: _____ Website: _____

Type of Organization/Business: _____

Representative Info

Representative Name*: _____

Address*: _____ City*: _____ State*: ____ Zip*: _____ - _____

Phone: (____) _____ - _____ Base Airport*: _____ Email: _____

Membership Info

New Renewal

Type: Pilot Organization (\$50/yr)

Aviation Business (\$50/yr)

Business Partner (\$250/yr)

Additional Donation: \$ _____

CALPILOTS is a 501(c)(3) Tax Exempt Corporation -
Membership and CALPILOTS donations are tax deductible

Pilot Info (Optional)

Year of Birth: _____

Aircraft: Own Model: _____

Rent

Avg. Hours/Year: _____ Years Flying: _____

Certificates: Sport Private CFI

Commercial ATP

Ratings: IFR Multi-Engine

Other Memberships: AOPA EAA

Optional Donation to CalPilots Political Action Committee (PAC)

PAC Donation: \$ _____ (Not Tax Deductible)

Note: For amounts over \$100, the law requires that you provide the following information:

Occupation _____ Employer: _____

Payment Info

Please send application with your check (payable to California Pilots Association), or provide credit card information.

MasterCard VISA

Card# _____ Expiration Date ____/____/____

Signature _____

Please mail completed form to: California Pilots Association
P.O. Box 324
The Sea Ranch, CA 95497-0324

All information is kept confidential – Calpilots does not share or sell any information with any third parties.