BRACKETT AIRMEN ASSOCIATION
A Chapter of the California Pilots Association
P.O. Box 694
La Verne, CA 91750

Membership Application

PLEASE PRINT OR TYPE
AND MAIL WITH PAYMENT

MEMBERSHIP YEAR _____
January 1 thru December 31

NAME _____ SPOUSE _____
Last *First* *Initial*

ADDRESS _____
Number Street or P.O. Box

CITY _____ ZIP CODE _____

PREFERRED TELEPHONE ( ) _____

EMAIL ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

AIRCRAFT ☐ Owned ☐ Rented Make _____ Model _____

CERTIFICATES and RATINGS _____

OCCUPATION _____

PROBABLE PARTICIPATION:

☐ Membership Only ☐ Elective Office ☐ Helping or Organizing Fly-Ins

☐ Helping or Organizing Other Events: _____

I understand there is no requirement for me to own, operate, or pilot an aircraft at this time. I support the objective of Brackett Airport Association to represent all the users of Brackett Field according to the by-laws.

FEE ATTACHED $ _____ ($30 for all Members, $15 for Aviation Students)

DATE _____ SIGNATURE _____