

RHODE ISLAND PILOTS ASSOCIATION

MEMBERSHIP APPLICATION

☐ New Membersh	al I	Date (mm/dd/yy)			
Member Name(s)_					
Mailing Address					
City			State	Zip	
Telephone Number	· ()_				
Cell Phone Number	r ()_				
Email Address					
Airport ID		N#			
How did you hear a	bout RIPA?				
Yearly Membership	Dues (Choose	e One) —			
☐ Single Mem	bership	\$30.00			
☐ Student Me	mbership	\$10.00			
		TOTAL Enclosed \$			
Method of Paymen	t — □ Checl	〈 □ Money Order			
Pilot Information (C	heck all that a	pply) —			
☐ Student ☐ Private ☐ Recreational	☐ Commer☐ I do not ©☐ ATP	cial currently hold a certficate	☐ Instrum . ☐ CFI ☐ CFII	ent	
If you'd like our nev	vsletter, <i>The Pl</i>	ane Paper, to be emailed t	o you, check her	e: 🗆	
If you'd like to be in	cluded in our	published Members List,	check here: 🛚		
•		sage notification on your \mathfrak{g} he day, check here: \square	cell phone with tl	ne location and time to join us on o	ur
•	_			nts that you feel will continue to ma to email us at RIPAemail@aol.com.	

You may fill out this form online and print it out, or print and fill it out by hand. Kindly make your check or money order payable to "RIPA" and mail it in with this form to:

Rhode Island Pilots Association, PO Box 20008, Cranston, RI 02920

THANK YOU!