



Combat Helicopter Pilots Association

Membership Application & Renewal

Mail or eMail application with supporting documents
(please print clearly)

www.chpa-us.org

800-832-5144

hq@chpa-us.org

PO Box 2585

Peachtree City, GA 30269

Profile:

Name (Rank/Mr./Ms.) _____ Date of Birth _____

Name you prefer to go by _____ Address _____

City _____ State _____ Zip _____

Primary eMail _____ Home Phn _____

Secondary eMail _____ Cell Phn _____

Membership Type and Dues:

Annual:	<input type="checkbox"/> Pilot	<input type="checkbox"/> Flight Crew	<input type="checkbox"/> Friend of CHPA	<input type="checkbox"/> 1 yr - \$40	<input type="checkbox"/> 2 yr - \$80	<input type="checkbox"/> 3 yr - \$120
	<input type="checkbox"/> Corporate Friend of CHPA			<input type="checkbox"/> 1 yr - \$60	<input type="checkbox"/> 2 yr - \$120	<input type="checkbox"/> 3 yr - \$180

Lifetime:	<input type="checkbox"/> Pilot	<input type="checkbox"/> Flight Crew	<input type="checkbox"/> Under 50-\$585	<input type="checkbox"/> 50-59-\$475	<input type="checkbox"/> 60-69-\$350	<input type="checkbox"/> 70 & over-\$175
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If you wish to pay \$100 now and the balance of Lifetime dues in equal installments over 3 months, initial here _____

Legacy: Complimentary membership for immediate family member of deceased who would have qualified.

Deceased Name _____ Relationship _____ Service _____ Aircraft _____

Payment Method:

Cash Check (Payable to CHPA, mail to address above)

Credit Card: AMEX MC VISA Discover

To avoid expiration, I hereby authorize CHPA to renew my annual membership with this credit card - Initials: _____

Card Number _____ Expiration Date _____ Security Code _____

If this is a gift membership, or paid by business credit card, **you must provide billing name and address tied to your credit card** or the credit card payment authorization will fail.

Taken by: _____

Date: _____

Signature _____

Membership renewals not required to complete below, already on file

Military Aviation Information:

Branch of Service _____ Flight School Class/# _____ Total Flight Hrs _____ Combat Flight Hrs _____

Combat Tour Date(s) With Units _____

Location or Theater _____ Call Sign(s) _____

Combat Acft (List All) _____ Combat Medals/Awards _____

New member applicants: Please attach documentation of qualifications such as DD214, unit orders, award orders, combat flight records, etc showing combat helicopter experience. If the documents you need are inaccessible, please call us to discuss.

Optional Information:

Hobbies _____ Current Employer/Position _____

Related Associations to Which You Belong _____

How Did You Learn About CHPA? _____

Name/eMail of others you would recommend as qualified for CHPA Membership _____