



# Combat Helicopter Pilots Association Membership Application

### Contact Information

Name (Rank/Mr./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name You Prefer to Go By \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

### Military Aviation Information: Please provide as much information as possible, particularly when applying for Pilot Membership

Flight School Class & No. \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 Combat Flight Hours \_\_\_\_\_ Total Flight Hours \_\_\_\_\_  
 Combat Helicopter Tour Date(s) (List From/To for All) \_\_\_\_\_  
 Call Sign(s) \_\_\_\_\_ Unit(s) \_\_\_\_\_  
 Location or Theater \_\_\_\_\_ Combat Acft Flown (List All) \_\_\_\_\_

### Optional Information

Career Helicopter Qualifications (Other Than Military) \_\_\_\_\_  
 Medals/Awards \_\_\_\_\_ Hobbies \_\_\_\_\_  
 How Did You Learn About CHPA? \_\_\_\_\_  
 Current Employer and Position \_\_\_\_\_  
 Name & E-Mail of a Friend Who May Wish to Join \_\_\_\_\_  
 Related Associations to Which You Belong \_\_\_\_\_

### Membership Type and Dues

Annual Membership will be billed each year prior to your anniversary date. Lifetime dues are charged only once. Please refer to the CHPA Web site (<http://www.chpa-us.org>) for complete membership definitions.

- Pilot Annual - \$30     Flight Crew Annual - \$20     Friend of CHPA, Individual - \$30     Legacy\*  
 Pilot Lifetime - \$650     Flight Crew Lifetime - \$425     Friend of CHPA, Corporation - \$50

\* For Legacy Members, Qualifying deceased family member information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Service \_\_\_\_\_ Aircraft \_\_\_\_\_

I, the undersigned, certify that the above information is true and correct. I understand that my membership application will be reviewed by the CHPA Board and that, upon approval, my payment will be processed. If membership is denied, my payment will be returned to my attention.

### Payment

If you are paying by check, please make payable to CHPA and return your application and payment to: CHPA, P.O. Box 15852, Washington, DC 20003-0852. If you would like to pay by credit card, please complete the information below and mail this application, or fax it to 719-687-4167.

Credit Card AMEX MC VISA  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Signature \_\_\_\_\_

#### For Official Use Only

Accepted on \_\_\_\_\_ By \_\_\_\_\_  
 Payment Received \_\_\_ Yes \_\_\_ No  
 Payment Type \_\_\_ Check \_\_\_ CC \_\_\_ Cash

Please call 800-832-5144 or E-Mail [hq@chpa-us.org](mailto:hq@chpa-us.org) if you have any questions. Thank you.

We acknowledge that the information we provide on this application may be used by CHPA for publishing an online and/or printed directory, E-Mail or fax communications to and from the membership. \_\_\_ Please check here if you do not wish to receive E-Mail.