



# Combat Helicopter Pilots Association

## Annual Membership Renewal Form

Please use this form to renew your membership; not for new applications for membership.

CHPA notifies its members approximately one month prior to their anniversary date that their dues are about to expire. The majority of members can easily renew their dues online by logging into the Web site, [www.chpa-us.org](http://www.chpa-us.org), and visiting My Profile under the Directory tab. While online, you can also update all of your profile information. However, if you experience difficulty or would prefer to renew by mailing or faxing this Annual Dues Renewal Form, please feel free to do so. Our fax number and physical address are listed below. Please remember to check your expiration date in your profile before completing this form.

### CONTACT INFORMATION

NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_  
ADDRESS LINE 1 \_\_\_\_\_ ADDRESS LINE 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

### 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 ([www.chpa-us.org](http://www.chpa-us.org)) for complete membership definitions.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pilot Annual \$30    | <input type="checkbox"/> Crewmember Annual \$20    | <input type="checkbox"/> Friend of CHPA, Annual Individual \$30 |
| <input type="checkbox"/> Pilot Lifetime \$650 | <input type="checkbox"/> Crewmember Lifetime \$425 | <input type="checkbox"/> Friend of CHPA, Annual Corporate \$50  |

### PAYMENT

If you are paying by check, please make check payable to CHPA and return your application and payment to:

CHPA  
PO Box 42  
Divide, CO 80814-0042

If you would like to pay by credit card, please complete the information below and mail this form, or fax it to 719•687•4167

CREDIT CARD  AMEX  MASTERCARD  VISA  
CARD NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Please call 800•832•5144 or 719•687•4131, fax 719•687•4167, 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.