

B.C. PILOTS ASSOCIATION

“Getting more pilots flying to more places”

BCPilots.org

Members@BCPilots.org

MEMBERSHIP APPLICATION

NAME: _____ ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ EMAIL: _____

CONTACT NUMBER: _____ HOME AIRPORT: _____

ARE YOU A MEMBER OF A FLYING CLUB? Yes ___ No ___ NAME: _____

LICENCE HELD: _____ CURRENT: Yes ___ No ___ RATINGS: _____

AGE GROUP: Under 25: ___ 25-34: ___ 35-44: ___ 45-54: ___ 55-64: ___ 65-74: ___ 75 Plus: ___

AIRCRAFT ACCESS; NONE: ___ RENT: ___ OWN: ___ A/C TYPE FLOWN: _____

TOTAL FLIGHT TIME: _____ AVERAGE HOURS / YEAR _____ COPA MEMBER? Yes ___ No ___

HOW CAN I HELP / OCCUPATION: _____

HOW DID YOU HEAR ABOUT THE BC PILOTS ASSOC? _____

WHAT ARE YOUR INTERESTS? _____

WHAT WOULD YOU LIKE THE BCPA TO DO? _____

WOULD YOU LIKE TO BE INCLUDED IN EMAILS WHEN THE NEWSLETTER IS PUBLISHED AND MAJOR EVENTS ARE ANNOUNCED? Yes: ___ No: ___

All of the information submitted on this membership application will be kept strictly for the use of developing programs by the BC Pilots Association and will not be shared with any third party organizations.

Sign Name

Date

- | | |
|--|--|
| <input type="checkbox"/> MEMBERSHIP DUES, \$50.00 / Year | I want to be member of the BCPA |
| <input type="checkbox"/> MEMBERSHIP DUES and Donation | I want the first \$50 as dues, and the remaining as a donation |
| <input type="checkbox"/> DONATION only | I only want to help and support BCPA projects by donation |
| <input type="checkbox"/> FRIEND, \$0.00 | Not a member, but keep me informed through a newsletter |

eMail form and pay online or Mail this form and enclose cheque to:

BC Pilots Association
3495 Wellington Crescent
North Vancouver, BC V7R 3B3

Thank your for your support in advancing recreational aviation in B.C.