



Membership/Rating Application

931 W. 75th St. #137-150
Naperville, IL 60565
Phone 866-37-USPPA (866-378-7772) | Fax 866.226-2990
email: info@usppa.org | web: www.usppa.org

Membership includes 1 year of UltraFlight Magazine, access to the Members Only portion of our website, access to the training program and a voice in the future of our organization. Your participation is appreciated!

section. Please either enclose a photo or email one so that it may be included on the membership list...and thank you!

No individual information will be offered to third parties however, group data may be used for various reasons such as insurance and tabulating statistics.

Please fill out the application completely then read, sign and initial the appropriate places on the waiver. If a rating is being sought then the granting instructor must fill out the rating

If this is for a rating application the waiver must be signed for the

1 General Data

New Renewal Rating USPPA# for Renewal or Rating: _____

Name _____ Date: ____/____/____

Street Address: _____

City _____ State: ____ Zip code: _____

Country: _____ Email: _____

Telephone _____(hm), _____(wk), _____(other),

Membership Type: Full (\$34)____ School (\$39)____ Lifer (\$450)____

2 Demographics

Birthdate: _____ Solo Date: _____ Male/Female: ____ Pilot Ratings: _____

How did you hear about USPPA? _____

Motor(s) owned _____ Wings(s) owned _____

Occupation: _____ Use helmet? Y/N ____ Use Reserve? (Y/N) ____

3 Ratings

No ratings are required to join. This section may be used for either new members or additional ratings.

Rating sought: _____

Add-Ons sought: _____

Test Score (if written test) ____ FOI Score (if reqd)____ First Aid/CPR date (if reqd)____

As the recommending instructor I hereby certify that the above individual has received the training as prescribed, passed all required tasks and has demonstrated competence at the level indicated by the rating

Signature: _____ Instructor Member# _____ Date: ____/____/____

School: _____ Hours/Days of training given: _____ (Hours/Days)

Note: Documentation as required of the rating sought must be received before a permanent rating card is issued.

Paid Amt \$ _____ For _____

USPPA Rep: _____