



# Membership/Rating Application

931 W. 75th St. #137-150  
Naperville, IL 60565  
Phone 630.904-4754 | email:info@usppa.org | web: www.usppa.org

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 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.

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

**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)\_\_\_\_

**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: \_\_\_\_\_