



# Membership Application

500 Westover Dr. #2384  
Sanford, NC 273301923  
Phone: 866-37-USPPA (866-378-7772) | Fax: 866.226-2990  
email: theUSPPA@gmail.com | web: [www.usppa.org](http://www.usppa.org)

Membership includes 1 year of *Powered Sport Flying Magazine*, access to the Members portion of our website, access to the training program and, of course, a voice in the organization's future. You will also be eligible for the training reimbursement program, one method we use to encourage thorough instruction.

sought then the granting instructor must fill out the rating section. All ratings must go through the USPPA syllabus.

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

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

1 General Data

New  Renewal  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) \_\_\_\_

Paid Amt \$ \_\_\_\_\_ For \_\_\_\_\_

USPPA Rep: \_\_\_\_\_

Receipt: \$ \_\_\_\_\_ Paid to USPPA for \_\_\_\_\_,

Accepted by \_\_\_\_\_ on (date) \_\_\_\_\_