



Air Line Pilots Association, International

535 Herndon Parkway
Herndon, VA 20170-5226

APPLICATION FOR MEMBERSHIP

Please complete this form in its entirety. Completed and signed applications can be mailed to the address above; emailed to Membership@alpa.org; or faxed to (703) 464-2115.

PERSONAL INFORMATION

Name: _____
First Name Middle Name Last Name

List any alias or former name: _____ Nickname: _____

Mailing Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Primary Phone: Home Cell _____ Secondary Phone: Home Cell _____

Email: _____ Date of Birth (MM/DD/YYYY): _____

SSN (U.S.)/SIN (Canada): (At discretion of member, provide last four digits) _____ Gender: M F

Name of Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Email: _____

CURRENT AIRLINE EMPLOYMENT INFORMATION

Name of Airline: _____ Employee or Payroll Number: _____

Domicile/Base: _____ Aircraft: _____ Position: CA F/O S/O

Date of Hire: _____ Hourly Earnings: _____ Seniority Number: _____

PREVIOUS EMPLOYMENT IN AVIATION

EMPLOYER	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

FLIGHTCREW MEMBER EDUCATION AND QUALIFICATION

University/Flight School: _____

Were you a member of an ALPA ACE Clue of Mentor Program at this school? Yes No

Did you attend an ALPA outreach event at this school? Yes No

PREVIOUS EMPLOYMENT IN AVIATION

Pilot License Type: _____

How did you receive your flight training: University/College Flight Academy Flight School

Flight Time Record in Hours: _____
Airline + Military + Other = Total

MILITARY EXPERIENCE

Branch of Service: _____

Did you serve as a pilot in the military: Yes No

Years of Service: From: _____ To: _____

Are you currently serving in the National Guard or Reserves: Yes No

UNION DATA

Have you ever applied for ALPA membership or worked for an ALPA represented carrier? Yes No

Airline: _____ ALPA Number: _____

I affirm, I have not completed a Probationary Period with an ALPA Represented Airline: Yes No

Have you ever worked as a pilot for an airline at a time when its pilots, represented by ALPA, were authorized on strike or locked out by an airline: Yes No

SIGNATURE

Upon approval of membership, I agree to pay the required fees, assessments, and annual dues.

I agree to abide by the Constitution and By-Laws of the Air Line Pilots Association, International, as they are now in force, or as they may be hereafter amended, changed, modified or adopted.

Signature: _____ Date: _____

For Administrative Use Only

MEMBERSHIP APPROVAL						
The applicant is	Approved	Disapproved	for	Apprentice	Reactivated	Active
Membership by COUNCIL number: _____ If disapproved, state reason: _____						
Signature: _____ Date: _____ (COUNCIL OFFICER OR DESIGNEE)						
ASSOCIATION APPROVAL						
Approved		Disapproved		Assigned ALPA Number: _____		
Signature: _____ Date: _____ (Vice President - Administration)						