

PAPA Membership Application

It is that time of year again. Dues are to be paid by February 1 of this year.

Make your checks payable to Petaluma Area Pilots Association (PAPA)

**Mail your check to:
PAPA 601 Sky Ranch Dr
Petaluma, CA 94954
Dues are \$40 / household**

Name _____

Spouse _____

Address _____

City _____

State _____

Phone Number/s _____

E-Mail/s _____

I hereby apply for membership in the Petaluma Area Pilots Association. I am eligible because: (check at least one)

_____ **I have soloed an aircraft**

_____ **I am sole or partner in the following aircraft:**

Make: _____ **Model:** _____

Registration Number: _____

_____ **I have owned, in part or whole, the following aircraft:**

_____ **I have a direct interest in promoting General Aviation (explain)**

I (check one) DO ___ DO NOT ___ want my name and contact information

to be included in the PAPA roster distributed to members.
