

# N.O.B.P.A. Membership 2021

(JANUARY 1 – DECEMBER 31, 2021)

Separate form required for each member



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Accept Text \_\_\_\_\_

Birthday (mo/day) \_\_\_\_\_ Year Joined \_\_\_\_\_

Category: \_\_\_ Commercial \_\_\_ Private \_\_\_ Student \_\_\_ cRew \_\_\_ Other

Pilot Hours \_\_\_\_\_

Crew Hours: \_\_\_\_\_

Pilot Since: \_\_\_\_\_

Crew Since: \_\_\_\_\_

Membership Type \_\_\_\_\_ (Life Members Please update hours and return form)

- Pilot Family Membership (G) \$ 25.00 covers all pilots, crew and junior family members residing in the same family residence
- Pilot Membership (H) \$ 15.00
- Crew Family Membership (J) \$ 25.00 covers all crew and junior family members residing in the same family residence
- Crew Membership (K) \$ 5.00
- Life Member (L) \$ 300.00
- Corporate Member (M) \$200.00

**Standing Committees:** Safety Seminar, Education and Programs, Awards Ceremony, Membership Recruitment, Marketing, Land Owners and Public Relations, Communication, Competition, Awards, Historian, Crew Recruitment Education and Recognition.

Committee(s) Interest: \_\_\_\_\_

Make check or money order payable to: **NOBPA**

Mail application and check to: **P. Suttle P.O. Box 113 Strasburg, Oh 44680-1216**

Membership Use Only:	Date Received: _____	New Member _____
Membership type: _____	Amount _____	Check/MO # _____
Family Membership Name: _____		

Treasurer Use Only:	Date Received: _____	Date Deposited: _____
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