



San Juan Pilots Association

P.O. Box 874, Friday Harbor, WA 98250

Application for Membership

Member Name: _____, _____
Last First

Spouse Name: _____

Mailing Address: _____

Phone number: _____
Home Work or Cell (please specify)

Email Address: _____

Licenses and ratings: _____

Total flight time: _____ (optional) Year you first earned your license: _____

Aircraft owner: No Yes:
Type aircraft owned _____

Registration # N _____

Based at _____

Would you like to volunteer to help with SJPA projects? Yes No

Membership dues are \$20 annually, due on January 1st. An SJPA patch is available for \$10.

Application Date: _____ Dues paid Patch paid for Patch delivered

Referred by _____