

IMPORTANT: Please indicate your chapter preference, if applicable, and **include any applicable chapter dues**. You will need to contact the chapter of your choice to determine the **total** amount.

Categories and full annual **STATE** rates are as follows:

Single Membership or Family Membership, full year and returning members: \$24.00

Are you a new member? You may get a **break on state dues** depending upon when you join.

If you join in July through September, you pay the full \$24.

If you join in October through December, you pay \$18.

If you join in January through March, you pay \$12.

If you join in April through June, you pay \$6.

Are you a returning member?

Returning members are asked to pay the full \$24 state dues regardless of the renewal month. Thank you!

Chapter Dues vary; chapter membership is recommended but not required to join the IPA.

ILLINOIS PILOTS ASSOCIATION APPLICATION FOR MEMBERSHIP

Based at _____ Chapter Preference _____ *(some require chapter dues)*

SINGLE MEMBERSHIP \$24.00 (or pro-rated for new members)

Name _____ Pilot? _____

FAMILY MEMBERSHIP \$24.00(or pro-rated for new members)

Name _____ Pilot? _____

Name _____ Pilot? _____

(all residing in the same household)

Street Address _____

City, State & Zip _____

Sponsor (optional) _____ Airplane N# _____

Home phone _____ Work phone _____

Fax # _____ Email _____

[For office use only: Total enclosed \$ _____ Check # _____ Date _____]

Please make your check payable to the IPA and mail to PO Box 481, Savoy, IL 61874, or take this application and your check directly to your local IPA chapter meeting. Contact your local chapter and/or see the IPA Calendar for meeting information. Thank you for supporting Illinois general aviation!

Return to the IPA homepage at <http://www.illinoispilots.com>.