



# Professional Aviation Safety Specialists

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[www.passnational.org](http://www.passnational.org)

## APPLICATION FOR MEMBERSHIP

**\*\*Please complete entire form and print clearly\*\***

**Type of Membership:**

Active: [    ]

Retired: [    ]

Associate: [    ]

\$75 year

\$120 year

SF-1187 Attached: [    ] (required for active membership)

Name:

SSN:

Date of Birth:

Address:

City:

State:

Zip:

Mailing Address (if different than above):

City:

State:

Zip:

E-Mail (do not provide faa.gov addresses):

Facility (work location):

Work Address:

Work City:

Work State:

Work Zip:

Home Phone:

Work Phone:

Fax:

GS/FG/WG Level (if applicable):

Date of Entry with FAA/DoD:

**All applicants please provide the following information:**

Pay Locality Area:

Adjusted Base Salary (includes locality pay):

Signature:

Date:

Referred by:

Prospective Chapter:

**NOTE: Return completed form to the PASS National Office at the above address. Attach a completed SF-1187 to all active applications only.**

Would you like to serve on your chapter's \_\_\_\_\_ Legislative Committee \_\_\_\_\_ Organizing Committee \_\_\_\_\_ Safety Committee?