



PROFESSIONAL AVIATION SAFETY SPECIALISTS, AFL-CIO

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www.passnational.org

APPLICATION FOR MEMBERSHIP

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

Type of membership: Associate (\$120/year)

Name:

SSN:

Date of birth:

Address:

City:

State:

Zip:

Mailing Address (if different than above):

City:

State:

Zip:

Home Phone:

Cell Phone:

Email (do not provide .gov or .mil addresses):

Facility/Work Location (associate members only):

Work Address:

Work City:

Work State:

Work Zip:

Work Phone:

Date of Entry With FAA/DoD:

Signature:

Date:

Referred by:

Prospective Chapter:

Return completed form to the PASS national office at the above address.