

## Membership Information Form

In order to generate reports that will give us characteristics about our membership and assist us in identifying changing trends, we need as much information about each Pilot as possible. We urge you to complete all questions so that we may have a complete profile of the makeup of our membership.

(Please Print)						
Membership Type: New	Member-At-Large	Associate	Reinstated			
Pilot Club of						
Name(First)	(Middle)	(Last)	(Suffix - Jr, Sr, etc)			
		(I	ation			
Mailing Address						
· —						
(City, State, Province/Pref. Zip) (If			ity, state & zip for UPS delivery)			
Country	Residence Telep	ohone ( )				
	'					
FAX()	Business	Telephone (	)Ext			
E-Mail						
Address						
List membership in other organ	zations/					
charities						

## QUESTIONS ON GENDER, MARITAL STATUS, AND BIRTH YEAR ARE OPTIONAL AND WILL NOT BE REVEALED ON AN INDIVIDUAL BASIS.

(Who	o invited you to j	oin Pilot?)	(Club)
Date of Birth	Month	Day	Year
Charter Member Y	N	_ Which Club	
Sex: M F	Form	er Anchor Y/N	Former Pilot Y/N
		Divorced, Widowed)	
Classification			
Career Status	(Full/Par	rt-Time, Retired)	
Education		(High School	l, BA, MA, PhD)
Expertise/Awards	(Public Speak	ing, Leadership/Mana	gement, Fundraising, Volunteer of the Year)
1 '	1	ο, 1 ,	
	E PILOT LO	G and understand that	the annual subscription fees are paid
		Signature	
			use of Pilot International only.
DIRECTIONS:			- to the District County and to the District
			y to the District Secretary and to the District
Treasurer and PI He	adquarters with	* * *	
		Pilot International P. O. Box	
		Macon, GA 31	
		(478) 477-1208 FA	
<b>NOTE:</b> A copy of should also be sent v		ATION OF CHANGE I	N MEMBERSHIP INFORMATION FORM
Date Entered Club_			