



Global Helicopter Pilots Association

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Global Helicopter Pilots Association Membership Application

LAST NAME

GIVEN NAMES

FIRST NAME PREFERRED

EMPLOYEE NUMBER

STATUS (CAPTAIN OR FO)

STREET ADDRESS

CITY

PROVINCE (STATE)

POSTAL CODE

COUNTRY

PERSONAL

E-MAIL ADDRESS

PHONE 1

PHONE 2

FAX

DATE OF BIRTH (M/D/Y)

SEX

DATE OF HIRE (M/D/Y)

DATE OF FIRST LINE FLIGHT (M/D/Y) NEW HIRES ONLY

With my application fee of \$50.00 I hereby declare that I voluntarily apply for membership with the Global Helicopter Pilots Association. I agree to abide by the Constitution and Bylaws of the Global Helicopter Pilots Association. I understand that by signing this Membership Card that I am authorizing the Global Helicopter Pilots Association to act as the Collective Bargaining agent with our employer.

DATE

SIGNED