



AVIATION HEALTH ASSOCIATION MEMBERSHIP APPLICATION

INSTRUCTIONS: Thank you for your interest in membership with the Aviation Health Association. Please read the content below before completing the form. Once you have read the content, complete the application and return it to the address at the bottom of this form. Don't forget to sign and date the form. Thank you!

The Aviation Health Association is an organization whose purpose is to promote:

- the welfare and best interest of its members;
- to assemble and distribute information related to the health and safety of professionals in the airline industry; and
- to enhance social and economic conditions for its members through cooperative enterprises as a professional or commercial association.

One of the benefits of membership is the eligibility for group insurances. If you are not already a member of the Aviation Health Association, complete the application below.

CERTIFICATION

I hereby make application for membership in the Aviation Health Association. I certify that I currently hold a valid FAA Medical Certificate that was not obtained by misstatement or concealment and that I am currently employed as a pilot or flight engineer as my primary occupation.

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Printed Full Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Signature: _____ Date: _____

RETURN TO:
Aviation Health Association
P.O. Box 20787
Atlanta, GA 30230