



PHPA Local 102 Membership Application

I hereby request and accept membership in the Professional Helicopter Pilots Association, Office and Professional Employees International Union, Local 102, and do authorize said Union, through its agents to represent me in collective bargaining and enter into contracts with my employer.

Bargaining Unit Information

Name:

Last: _____ First: _____ MI: _____

DOB: _____ SSN: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone (H) _____ (C) _____

Marital Status: Married Single Divorced Dependents: Y N # of Dependents: _____

Division/Flight: _____ Date Of Hire (Actual Check Ride Date): _____

Insurance: Life Y N LTD*: Y N Heart/Stroke Y N Cancer Y N

**Long Term Disability Available anytime; all other insurances during open enrollment only!*

National Guard/Reserve: NG Reserves None

Retired Military: Y N Branch: Army AF Navy Marine CG NG/Res

Union Dues payment: Payroll Deduction Y N Direct Payment Y N

You will be required to submit first month's dues** \$ _____ (.9% of base salary), initiation fee of \$10.00, and Long Term Disability 1st month if applicable with this application. (Amount due will be calculated by PHPA on day of enrollment).

***Payable by check or cash only due on day of enrollment.*

Signature: _____ Date: _____