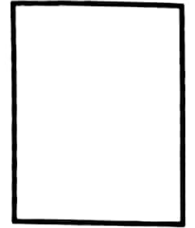




Indian Women Pilots' Association
International Women Professionals in Aviation & Aerospace
(Application for Membership)



Name (Block Letters) : _____

Date of Birth : _____

Address : _____

Tel (O) : _____ (R) : _____ Mobile : _____

Email : _____

Academic Qualifications : _____

Occupation : _____ Name of Airline /Organization: _____

Type of Membership : (Life Member/Member/Associate Member/International Associate Member)

(A) Professional Details for Pilot :

Pilot Licence No. PPL (A/H) No. _____ Date of Issue : _____

CPL (A/H) No. _____ Date of Issue : _____

ATPL (A/H) No. _____ Date of Issue : _____

Total Hours : _____ Hours in command : _____

(B) Professional Details for women professionals in Aviation & Aerospace

Are you a member of any Aviation Organization/s? If yes, name of the organization/s:

Hobbies : _____

Enclosed Cheque (No outstation cheques please)/Demand Draft No./Cash:

Date : _____ Place : _____ Amount : _____

Signature of Applicant

Signature of recommending member

If you have previously been a member, under What name : _____

For Office Use

Receipt No. : _____

Date Admitted : _____

Remarks : _____

Approved By : _____