



# 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: Active  E-Member  Member-At-Large  Associate  Provisional   
New  Reinstated

Pilot Club of \_\_\_\_\_ District \_\_\_\_\_  
*(Former Club, if MAL)*

Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix - Jr, Sr, etc.)

Nick Name \_\_\_\_\_  
(Mr., Ms., Mrs., Dr., The Honorable, etc.)

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
(City, State, Province/Pref. Zip) (If mailing address is P O Box, list street, city, state & zip for UPS delivery)

Country \_\_\_\_\_ Residence Telephone ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(By providing this e-mail address, you give permission to receive Constant Contact)

Cell Phone \_\_\_\_\_

List membership in other organizations/charities: \_\_\_\_\_

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(over)

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

Sponsored by: \_\_\_\_\_  
(Who invited you to join Pilot?) (Club)

Date of Birth (month/day/year): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Marital Status: (Married, Single, Divorced, Widowed) \_\_\_\_\_ Spouse: \_\_\_\_\_

Charter Member? \_\_\_\_\_ If Yes, Which Club? \_\_\_\_\_

Former Anchor? \_\_\_\_\_ Former Pilot? \_\_\_\_\_ If Yes, Club Name: \_\_\_\_\_

Career Status (Full/Part-Time, Retired): \_\_\_\_\_

Position Title: \_\_\_\_\_

Profession: \_\_\_\_\_

Education (High School, BA, MA, PhD): \_\_\_\_\_

Languages in which you are fluent \_\_\_\_\_

Expertise/Awards (Public Speaking, Leadership/Management, Fundraising, Volunteer of the Year): \_\_\_\_\_

Why are you interested in being a Pilot? \_\_\_\_\_

I subscribe to THE PILOT LOG and understand that the annual subscription fees are paid through membership dues to Pilot International.

Signature \_\_\_\_\_

*This confidential information is for the use of Pilot International only.*

**DIRECTIONS: Club Recording Secretary**

Please keep a copy for your club files, then and mail a copy to the District Secretary and to the District Treasurer and PI Headquarters with appropriate funds.

Pilot International Headquarters  
P. O. Box 4844  
Macon, GA 31208-4844  
(478) 477-1208 FAX (478) 477-6978

**NOTE:** A copy of the NOTIFICATION OF CHANGE IN MEMBERSHIP INFORMATION FORM should also be sent with this form.