



Southern California Rotorcraft Association
 SoCal Rotors/SOCRA
 440 N. Barranca Ave. #3943
 Covina, CA 91723

MEMBERSHIP APPLICATION

RECEIVED BY: _____
 OFFICE USE ONLY

PART A – MEMBERSHIP TYPE

REGULAR PILOT (\$45)

ASSOCIATE MEMBER (\$45)

STUDENT PILOT (\$25)

CORPORATE MEMBER (\$275)

COMPANY / AGENCY NAME

STUDENT MEMBERS WILL AUTOMATICALLY BE RECLASSIFIED AS ASSOCIATE MEMBERS AT THE END OF THE BILLING CYCLE.

PART B – MEMBER INFORMATION

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____ - _____

COUNTRY _____

PART C – CONTACT INFORMATION

HOME PHONE _____ - _____ - _____

WORK PHONE _____ - _____ - _____

MOBILE PHONE _____ - _____ - _____

FAX _____ - _____ - _____

EMAIL ADDRESS 1 _____

EMAIL ADDRESS 2 _____

PART D – FIRST HELICOPTER SOLO FLIGHT

DATE M _____ D _____ Y _____

PART E – PAYMENT INFORMATION

REASON NEW MEMBERSHIP MEMBERSHIP RENEWAL MERCHANDISE

DUES EXPIRE 1 2 3 1 _____

PMT METHOD CASH CHECK No. _____

MONEY ORDER

CASHIERS CHECK PAYPAL

OTHER

AMOUNT _____ . _____

NOTES _____

Payments will be applied to the current billing cycle (1/1 thru 12/31).

v2.8 (1/2023)