

MEMBERSHIP APPLICATION

Please complete the form below and mail a check payable to RUPA for \$35 to activate your membership. Dues of \$35 are due each year on your birthday.

RUPA PO Box 757 Stowe, VT 05672

Date of Application: **CONTACT INFORMATION** Salutation First Name Middle Name Last Name Nickname/Preferred Name Spouse/Significant Other Telephone Cell Phone Email Last Domicile **MAILING ADDRESS** Address City State Zip **SECONDARY ADDRESS** Snowbird Grandchildren Description (check one): Other: __ Address City State Zip **EMPLOYMENT** Birthdate Hired Date Retirement Date File Number Highest Position Held (check one): Capt F/O S/O Navigator Other: **How DID YOU HEAR ABOUT RUPA? INTERESTS** ☐ Candidate for RUPA officer/committee position ☐ Writing for RUPANEWS or assisting in production COMMENTS Representative for your geographic area Planning convention and convention activities Planning local activities, i.e. telephone committee Other: