



PROFESSIONAL AVIATION SAFETY SPECIALISTS, AFL-CIO

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APPLICATION FOR MEMBERSHIP

****Please complete entire form and print clearly.****

Type of membership: ____ Retired (\$75/year)

Name:

SSN:

Date of birth:

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State:

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Mailing Address (if different than above):

City:

State:

Zip:

Home Phone:

Cell Phone:

Email (do not provide .gov or .mil addresses):

Signature:

Date:

Return completed form to the PASS national office at the above address.