



United States Parachute Association
 5401 Southpoint Centre Boulevard
 Fredericksburg, VA 22407-2612
 (540) 604-9740, fax: (540) 604-9741
 e-mail: membership@uspa.org

USPA New or Renewing Membership Application

11-10

NAME: FIRST (AND MIDDLE) _____ LAST _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

E-MAIL ADDRESS _____

SEX _____ DATE OF BIRTH _____ DAYTIME PHONE NUMBER _____ CELL PHONE NUMBER _____

M/F MO DY YR

Join or renew online at www.uspa.org to save a stamp and help keep the cost of dues down.

Domestic Membership:

(includes standard magazine delivery)

- New member:\$65
- Renewing or expired members:\$55
- Optional** upgraded magazine delivery (add):\$30
- Lifetime Membership*.....\$1,000

Foreign Membership:

(includes standard magazine delivery)

- New member:\$74
- Renewing or expired members:\$64
- Optional** upgraded magazine delivery (add):\$41
- Lifetime Membership*.....\$2,500

*(includes standard magazine delivery) Rating fees and upgrades are not included with lifetime membership and must be added to the total payment.

Ratings:

- Instructional rating renewal fee:\$30
Signature verification required (see reverse side)
- PRO rating renewal fee:\$15/\$35
Signature verification required (see reverse side)
\$15 for renewal only; \$35 total for renewal,
plus optional new card (requires new 1" x 1" photo)

Donations:

- U.S. Team Trust Fund:\$ _____
- Airport Access Defense Fund:\$ _____

Expedited Processing:\$20

Normal processing and delivery of membership card takes three to four weeks. Expedited processing with e-mail or fax confirmation (choose below) is done within 48 hours. Allow two weeks for delivery of card on expedites.

- fax confirmation (number): _____
- e-mail confirmation (address): _____

Total Payment (please add total and fill in): _____

U.S. payments by Visa, MasterCard, check or money order.
 All foreign payments must be by VISA or MasterCard.

USPA dues, rating fees, and AAD Fund donations are not deductible as charitable contributions for federal income tax purposes.

Check here if you do **not** want your name to appear on a mailing list occasionally sold by USPA. (does not include e-mail or telephone).

Please take a moment to answer some important questions:

What is your profession? _____

Total sport jumps in the last 12 months: _____

Total sport jumps to date: _____

Malfunctions requiring use of a reserve in the last 12 months: _____

Number of skydiving injuries requiring a medical care facility in the last 12 months: _____

Did you participate in USPA Safety Day this year? _____

AAD activations/fires in the last 12 months: _____

Complete if you are an expired or rejoining member:

USPA membership number: _____

USPA license numbers:

A _____ **B** _____ **C** _____ **D** _____

Year membership expired : _____

Total number of years as a USPA member: _____

Support your U.S. Team and your right to skydive!



U.S. Parachute Team Trust Fund! Help support U.S. Teams. Please add your tax deductible contribution to your total payment. Thank you!



Airport Access Defense Fund! Help support the fund to keep drop zones open. Please add your donation to your total payment.

If paying by credit card:

Credit Card Expiration Date _____ Three-digit security code _____

Cardholder Signature: _____