

## JPO Membership Application/ Renewal

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Home Phone Number \_\_\_\_\_

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

AMA Number \_\_\_\_\_

Email \_\_\_\_\_

Contrails Format (please check one)                      Electronic \_\_\_\_\_                      Paper \_\_\_\_\_

Mail with a check for \$25 to:

Jet Pilot's Organization  
c/o Marty Gurewitz  
40 Cragmere Oval  
New City, NY 10956