

**The Organization of Black Aerospace Professionals**

**MEMBERSHIP APPLICATION**

To become a member of OBAP, please complete a membership application.

**FULL** Membership is extended to any person who believes in and supports OBAP and its goals.

**CORPORATE** Membership is extended to Corporations that support OBAP’s mission and goals: “to enhance, advance, and promote educational opportunities in aviation and mentor our youth”. Each corporation shall appoint one person to serve as its primary representative and may name four additional Full members.

**INSTITUTIONAL** Membership is extended to accredited Institutions that are listed in the most current edition of “Higher Education Directory” with an existing or planned aviation program or course offerings in the aviation field. Each Institution shall appoint one person to serve as its primary representative and may name four additional Full members.

**STUDENT** Membership is extended to *any person age 23 or younger* who is enrolled in an educational institution or has participated in an OBAP ACE Program.

**ACE** Membership is extended to any person age 18 or younger who has participated in an OBAP ACE Program.

**LIFETIME** Membership is an option available to any member who wishes to make a lump sum payment after which time no further dues payments will be required.

**HONORARY** Membership may be offered to any person who has provided extraordinary assistance to minority groups in their endeavor to attain skills and mobility in the aviation industry. Honorary membership must be approved by the Board of Directors.

Membership dues are reviewed periodically and set as necessary for the financial health of the organization. Honorary members and ACE members pay no dues. OBAP’s Board of Directors meets four times yearly, or as necessary. The entire membership meets twice annually at a spring general meeting and the annual convention.

**Furloughed** – Dues waived upon receipt of a copy of the furlough notice on company letterhead by the national office. This is a member benefit – *you must be a dues current member at the time the furlough notice is dated to be eligible.*

Membership Category	Annual Dues Amounts			
	Major/National Airline		Regional Airline/Corporate	
FULL	<input type="checkbox"/> Captain	\$200	<input type="checkbox"/> Captain	\$200
	<input type="checkbox"/> First Officer	\$200	<input type="checkbox"/> First Officer	\$200
	<input type="checkbox"/> Second Officer or FE	\$200	<input type="checkbox"/> Second Officer or FE	\$200
	<input type="checkbox"/> Furloughed – Dues Waived – Please send copy of furlough letter to National Office			
	<input type="checkbox"/> Retiree - \$200			
Corporate	<input type="checkbox"/> \$1,000			
Institutional	<input type="checkbox"/> \$1,000			
Student	<input type="checkbox"/> \$25 (must be 23 or younger to be eligible)			
ACE	No Dues – 18 or younger to be eligible			
Lifetime	\$150 multiplied by (80 minus your age)			
Honorary	<input type="checkbox"/> No dues			



**The Organization of Black Aerospace Professionals**

**MEMBERSHIP APPLICATION**

**Note:** \* -an asterisk indicates required information

First Name\* \_\_\_\_\_ Middle Name/MI \_\_\_\_\_

Last Name\* \_\_\_\_\_ Suffix \_\_\_\_\_ Password\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Country (non US) \_\_\_\_\_

Phone\* \_\_\_\_\_ Type (Home/Cell/Business/Fax/Pager) \_\_\_\_\_

Email\* \_\_\_\_\_ Email \_\_\_\_\_

**Optional Database Information**

There is no requirement for you to complete this section; however, your responses will assist us in assessing the makeup of our organization.

Gender \_\_\_\_\_ Year of Birth \_\_\_\_\_ Race/Ethnic Background \_\_\_\_\_

Occupation/Vocational Field \_\_\_\_\_

Employer \_\_\_\_\_

Employment Status (Employed/Unemployed/Retired/Furloughed) \_\_\_\_\_

College/University Attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

Degree/Field of Study \_\_\_\_\_

**Pilot Information** (If you are a rated pilot, please complete the following):

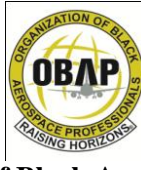
Primary Duty (Pilot/Instructor/Management/etc) \_\_\_\_\_

Flying Position (Captain/FO/FE/etc) \_\_\_\_\_

Total flight time (whole numbers only) \_\_\_\_\_

Remarks: (Any information not covered by the form)

As part of our organizational networking capability, OBAP has developed a search roster that provides information extracted from the data you have provided us as shown below. Subject to your consent, all, some or none of your information will be provided to our other members through this networking search roster. Please provide authorization.



**The Organization of Black Aerospace Professionals**

**MEMBERSHIP APPLICATION**

- 
- Do not include any information in the OBAP search roster for me.
  - List my information in the OBAP search roster.
  - Include my information in the OBAP search roster, but delete the information identified below:  
First, Middle, Last Name and suffix information will be displayed.
  - Do not display Street address
  - Do not display City/State/Zip
  - Do not display Phone number 1
  - Do not display Phone number 2
  - Do not display Phone number 3
  - Do not display Phone number 4
  - Do not display Email 1
  - Do not display Email 2
  - Do not display Occupation/Vocational Field
  - Do not display Year of Birth
  - Do not display Gender
  - Do not display Race/Ethnic Background
  - Do not display Employer
  - Do not display Total flight time
  - Do not display Employment Status
  - Do not display Flying Position

**Method of Payment**

You can help us provide additional funding to our educational programs. You may elect to download the official OBAP publication, PIREP News, from our website once it has gone to press. We will advise you via electronic notification that it is available for downloading from the OBAP website.

- Notify me via electronic communication that the PIREP News is available for downloading.**
- I prefer to continue receiving the PIREP News through regular mail service.**
- I would like to receive updates and general information via email regarding OBAP.**
- I would like to receive job information via email.**
- Please bill my credit card in 4 installments (payments will be deducted over a 4-month time period)**
- Charge to my account: Card type \_\_\_\_\_**

**Name** (as it appears on card) \_\_\_\_\_

(Please Print)

**Card Number** (no dashes or spaces, please) \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Signature of Cardholder** \_\_\_\_\_

**Membership Category** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Mail to: OBAP, 1 Westbrook Corporate Center, Suite #300, Westchester, Illinois 60154**

**Questions or problems: Contact Shawn Samuels at 301-651-4404 or Tony Marshall at 760-247-0456 / 760-963-1177**