



SOCAL PAMA AFFILIATION FORM

SoCal Chapter (CA03)

The SoCal Chapter Does Not Solicit Dues.

Donations Are Voluntary, Appreciated & Are Used To Help Offset Chapter Expenses

Please Type or Print. Chapter Newsletters, Job Opportunities & Correspondence Will Be E-Mailed

Name: _____

Mailing Address: _____ Home Work
Street Apt #

Mailing Address: _____
City State Zip

Contact Phone: _____ Home Work

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Certificate(s): A&P IA FCC Other _____

Certificate No. _____ Date Issued: ____/____/____

Job Function (check ALL of the following categories that apply):

- A. Maintenance Director/Manager
- B. Aviation Department Manager
- C. Chief Inspector
- D. Aircraft Technician (A&P)
- E. Inspector Airworthiness (IA)
- F. Avionics Manager
- G. Parts Manager
- H. Owner/Operator
- I. Maintenance Instructor
- J. Service Manager
- L. Sales/Marketing
- M. Pilot
- N. Other _____

Job Title: _____

Employer or School: _____

City / State _____

I certify that the information contained herein is true and correct.

Signature _____ Date _____

Accompanying this for is my donation made payable to SoCal PAMA \$20 or \$ _____

Return This Form and Donation to Any Chapter Board Member at Chapter Meetings or

Mail to: Dan Ramos, SoCal PAMA
284 Granada Avenue, Long Beach, CA 90803-5520
Email: socalpama@gmail.com

Receipts For Donations Will Be Emailed

Thank You For Supporting SoCal PAMA