



Indiana Seaplane Pilots Association

INDIANA SEAPLANE PILOTS ASSOCIATION, INC. APPLICATION

Date _____ Social Security _____

First Name _____ Middle _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cellphone _____

Are you applying to be a Associate Member
 Seaplane Pilot Member

Are you currently a member of SPA? (required) _____

Are you currently a licensed seaplane pilot _____

Any warnings, citations, or other disciplinary action with the FAA
explain: _____

Application fee 100.00

Send application with check payable to:
INDIANA SEAPLANE PILOTS ASSOCIATION, INC.
c/o Randy Strebog
537 W. Jefferson Blvd.
Fort Wayne, IN 46802