



A.O.P.A. LUXEMBOURG

B.P. 675 / L-2016 Luxembourg

Membership Application

Name: _____ **Given Name:** _____

Address: _____

Postal code: _____ **Place:** _____

Tel.:Privat: _____ **Work:** _____ **GSM:** _____

Fax: _____ **Email:** _____ @ _____

Date of birth: _____ **Place:** _____

Nationality: _____ **Profession:** _____

**Recent
colour
photo**

VOTING Member: ☐

ADHERENT Member: ☐

Training License: _____ **Solo:** yes ☐ no ☐

Number: _____

Delivered by: _____

Valid until: _____

Private pilot license:

Aircraft owner:

Number: _____ yes ☐ no ☐

Delivered by: _____ **if yes, registration:** _____

Valid until: _____

Qualifications: _____

I sign, that I want to become voting member : _____ adherent member : _____ of UPL-AOPA Luxembourg and declare that I will adhere to the associations statutes. (Adherent members are not eligible for a AOPA – CREW card)

The membership fee: € (50.- € voting member / 12,5.- € adherent member) was paid :

Date: _____ **to:** _____ **C.C.P.L.:** LU84 1111 0216 2692 0000

in cash to: _____

..... le

Signature of candidate

Member number _____

Accepted, board meeting of _____