

# APPLICATION FOR MEMBERSHIP IN THE IATP PIONAIRS ASSOCIATION



(Issue: December 2022)

## General Information

Membership in the Association is open to all former IATP delegates who have attended a minimum of SIX (6) conferences and have taken on a responsibility as a chairperson or co-chairperson of an IATP pool group or project group and/or have held a term of office in IATP,

OR:

have attended a minimum of EIGHT (8) conferences as official airline representatives or official associate member representatives,

AND:

who are no longer active in this function or in any kind of pooling activities,

### 1. Name of Applicant (Capital letters please)

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 2. Home Address

Street: \_\_\_\_\_

City/Province

(Including zip/post code): \_\_\_\_\_

Country: \_\_\_\_\_

### 3. Contact Details

Home Telephone: (including country code): + \_\_\_\_\_

Mobile (including country code): + \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_

Mobile and Email: + \_\_\_\_\_ @ \_\_\_\_\_

### 4. Company Details

Name of Airline: \_\_\_\_\_ 2-Letter Code: \_\_\_\_\_

or

Associate Member: \_\_\_\_\_ 3-Letter Code: \_\_\_\_\_

Year of Joining the IATP and No. of first conference: \_\_\_\_\_

Date of Retirement from Active Role within IATP: \_\_\_\_\_

I apply herewith to be considered for membership of the IATP PIONAIRS Association and I acknowledge and agree to comply with the terms of reference as may be amended from time to time.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please e-mail or mail the completed application form to:**

Saud Alahmadi, Co-Chairperson PIONAIRS Association

E-Mail: [direast@gmail.com](mailto:direast@gmail.com)

Acceptance notification will be forwarded by e-mail.

A joining fee will also become payable, currently 70.- EUR by bank transfer or in cash.

Membership is valid after receipt of payment.