

Delta Pilot's Pension Preservation Organization, Inc.

P.O. Box 76362
Atlanta, GA 30358

Membership Application

Name: _____
Last Name, First Name, Middle Initial

Phone Numbers:

Primary: _____

Cell: _____

Other: _____

Mailing Address:

Street, Apartment #

City, State, Zip

Status: Retiree Survivor of Retiree Active Pilot Other

Birth Date: _____
MM/DD/YY

Date of Hire: _____
MM/DD/YY

Seniority Date: _____
MM/DD/YY

Retirement Date: _____
MM/DD/YY

Email Address: _____
NOTE: PROVIDING YOUR EMAIL ADDRESS IMPLIES CONSENT TO RECEIVE EMAILS FROM DP3

I hereby give my proxy to the Trustees of DP3 to act on my behalf, including membership on any committee recognized or appointed by any Court to which DP3 or its Trustees are appointed, and hereby authorize the Trustees of DP3 to serve as my authorized representative on the committee(s). (Note: This proxy can be withdrawn at any time with written notification to DP3 at its current address)

Signature: _____

Date: _____

Please send this signed application along with your check for \$1,500 ** to:

**DP3, Inc.
P.O. Box 76362
Atlanta, GA 30358**

**Note: You may also pay by Credit Card on our web page WWW.DP3.ORG.