



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: _____

Mailing Address:

Street, Apartment #

City, State, Zip

Status (check one): Retiree: _____ Survivor of Retiree: _____ Active Pilot _____

Birth Date: _____ Date of Hire: _____
MM/DD/YY MM/DD/YY

Retirement Date: _____ Delta Employee Number: _____
MM/DD/YY

E-mail Address: _____

Note: By providing your email address, you are giving permission for DP3 to add you to our email lists (opt-in).

I hereby give my proxy to the Trustees of DP3 to act on my behalf, including membership on any committee recognized or appointed by the Bankruptcy 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 (Note: This proxy can be withdrawn at any time with written notification to DP3 at its current address)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: _____

**Previous dues and assessments total \$1,000. The 2009 Annual Dues Payment is \$100.
Please send this signed application along with your check to:**

**Delta Pilot's Pension Preservation Organization, Inc.
P.O. Box 76362
Atlanta, GA 30358**