



# USPA TENURE AWARD APPLICATION

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## 1. APPLICANT INFORMATION

Name (as it is to appear on the certificate): \_\_\_\_\_

USPA Membership Number: \_\_\_\_\_ License Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. MEMBERSHIP INFORMATION

Cumulative Years of Membership: \_\_\_\_\_ Join Date: \_\_\_\_\_

## 3. SHIPPING AND MAILING INFORMATION

Please provide the instruction on where to send the award. For general information, the Regional Director often makes the presentations at a suitable event so that the accomplishment can be recognized publicly. Photos may be submitted to *Parachutist* magazine.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

*\*Please note: This form is a request for USPA staff to research, and if verified, issue a certificate of tenure. After your initial application has been submitted, we may contact you requesting further documentation. To assist us in this research, you can e-mail ([membership@uspa.org](mailto:membership@uspa.org)) or fax (540) 604-9741 us copies of your old membership card, license card, etc.*