



DELTA PILOTS MUTUAL AID (DPMA) MEMBERSHIP ELECTION FORM

You must exercise your privilege to become a member of Delta Pilots Mutual Aid (DPMA) within forty- five (45) days of receipt of this Membership Election Form.

I **ELECT TO BECOME** a member of Delta Pilots Mutual Aid (DPMA) and authorize Delta Air Lines, Inc., my employer, to deduct dues, on an after-tax basis, in an amount determined by DPMA and contribute such amounts to DPMA to cover the cost of my membership.

I further authorize my employer to provide my contact information at any time to the DPMA administrator.

I **DECLINE TO BECOME** a member of Delta Pilots Mutual Aid (DPMA). I understand that declining membership precludes me from any future membership, and I understand I will not be eligible for any benefits from DPMA.

Last Name, First Name, MI (Please Print)

Employee Number

Date of Birth (mm/dd/yy)

Address

Email

Phone Number

Signature

Date