



Scan QR code for online form

POPS Application

Aug 2020

or fill out form below

(brown = optional)

First Name: _____ Nickname/preferred: _____

Last Name: _____ Gender (M / F)

Email: _____

Would you like to know about upcoming POPS events (Yes / No)

If you lose/forget your POPS number, it will be displayed on our secure website, is this ok (Yes / No)

Address: _____ ONE time \$30 fee NO annual dues
 _____ PayPal: TopPOPUSA@gmail.com
 _____ or Venmo: TOPPOPUSA
 _____ or mail to: James Davis
 _____ PO Box 506, Wildomar, CA 92595

Date of Birth: Day(1-31): _____

Month: (Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec)

Year: _____

(outside the US) country code: __+_____

Phone: _____

Total # of jumps: _____

Date of last jump: _____

Home DZ/club: _____

(A-D) license#: _____

USPA/FAI#: _____

Where did you hear about POPS: [] Parachutist mag, [] POPS website,
 [] DZ: _____, [] friend: _____, [] other: _____

Do you prefer: water / soda / beer / wine / other: _____

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Facebook: POPS-USA, "Guido TopPOP", Website: POPS-USA.com, Email: TopPOPUSA@gmail.com