

**Print LANDSCAPE Actual Size, DO NOT Scale.**

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Routing Symbol</i>	<i>REP NO.</i>	<i>Member's Work Phone</i> ( ) -
<b>MUTUAL AID PLEDGE SYSTEM (MAPS) MEMBERSHIP/BENEFICIARY CARD</b> (FAA/MMAC, Oklahoma City, OK) <b>Please Return To: MAPS-ECX</b>					
<b>Mark One Box</b>  <input type="checkbox"/> <b>NEW</b>  <input type="checkbox"/> <b>CHG</b>	<ul style="list-style-type: none"> <li>● I hereby apply for membership in the Aeronautical Center Mutual Aid Pledge System. I have read the Articles of Agreement of the organization, with which I am in full agreement.</li> <li>● I understand it is my responsibility to notify a MAPS representative: (1) to arrange for payment when absent from my work area; (2) upon my transfer to a new work area or leaving the FAA; (3) to complete a new beneficiary card if a name change or beneficiary change occurs; (4) if I desire to quit the program, realizing that I will not be eligible to re-join for a period of one year.</li> </ul>				
	MAPS Form-1 (2/14/2019)	<b>WORK/HOME email address</b>	<b>Signature</b>		<b>Date (mm/dd/yy)</b>
<b>BENEFICIARIES (No Split Benefits; Type Or Print Legibly)</b>					
<b>a. DESIGNATED BENEFICIARY</b>	(Must be a living person, 18 yrs yrs of age or older with an address and phone number)				<b>PH:</b> ( ) - -
<i>Name:</i>					
<i>Address:</i>					<i>Relationship (optional)</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>			
<b>b. ALTERNATE BENEFICIARY 1</b>	(Must be a living person, 18 yrs of age or older with an address and phone number)				<b>PH:</b> ( ) - -
<i>Name:</i>					
<i>Address:</i>					<i>Relationship (optional)</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>			
<b>c. ALTERNATE BENEFICIARY 2</b>	(Must be a living person, 18 yrs of age or older with an address and phone number)				<b>PH:</b> ( ) - -
<i>Name:</i>					
<i>Address:</i>					<i>Relationship (optional)</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>			