

MUTUAL AID PLEDGE SYSTEM (MAPS) MEMBERSHIP/BENEFICIARY FORM					NEW	CHG
Last Name		First Name		MI	Routing Symbol	REP NO.
Work Phone	Other Phone		Work Email		Other Email	
BENEFICIARIES (Benefits CANNOT be split between beneficiaries)						
a.	DESIGNATED BENEFICIARY			By clicking this box I confirm beneficiary is a living person 18 yrs of age or older		
Name:					PH:	
Address:					Relationship (optional)	
City:			State:	Zip:		
b.	ALTERNATE BENEFICIARY 1			By clicking this box I confirm beneficiary is a living person 18 yrs of age or older		
Name:					PH:	
Address:					Relationship (optional)	
City:			State:	Zip:		
c.	ALTERNATE BENEFICIARY 2			By clicking this box I confirm beneficiary is a living person 18 yrs of age or older		
Name:					PH:	
Address:					Relationship (optional)	
City:			State:	Zip:		
By signing this membership form I am asserting the following:		<ul style="list-style-type: none"> 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. 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 or beneficiary change occurs; and (4) if I desire to quit the program, realizing that I will not be eligible to rejoin for a period of one year. 				
Signature				Date		MAPS Form-1 (03/22/2023)

FORM INSTRUCTIONS:

NEW / CHG checkbox. If this is a new membership, select box: NEW. If this is a change/update to an existing membership, select box: CHG

Last Name. REQUIRED - Last name of MAPS Member. **First Name.** REQUIRED - First name of MAPS Member. **MI.** Middle initial of MAPS Member. **Routing Symbol.** REQUIRED - Routing symbol of MAPS Member. **REP NO.** If known, enter the MAPS Representative Number; otherwise MAPS Officers can assist with determining REP NO. **Work Phone.** REQUIRED - Official work phone number; Due to Privacy Act restrictions, MAPS is unable to provide non-work phone numbers in the MAPS Listings. **Other Phone.** Alternate phone number; this can be the MAPS Member's mobile number, home phone number, etc. **Work Email.** REQUIRED - Official work email address; provides another method for MAPS to contact Member. **Other Email.** Alternate email address of Member.

CONFIRMATION BOX. Click box confirming each beneficiary listed is indeed a living person 18 yrs of age or older.

REMINDER: Beneficiaries must be a living person (no trusts or charities) and not recommended to be in member's supervisory chain of command.

- a. **DESIGNATED BENEFICIARY. REQUIRED** - This is the first beneficiary to be contacted upon notice of MAPS member death.
Name. REQUIRED - Full name of Designated Beneficiary. **Address.** REQUIRED - Street address of Designated Beneficiary's address. **City.** REQUIRED - City of Designated Beneficiary's address. **State.** REQUIRED - State of Designated Beneficiary's address. **Zip.** REQUIRED - Zip code of Designated Beneficiary's address. **PH.** REQUIRED - Phone number of Designated Beneficiary. **THIS IS CRITICAL.** This is the method of communication primarily used to contact beneficiaries. **Relationship (optional).** Relationship of Designated Beneficiary to MAPS Member.
- b. **ALTERNATE BENEFICIARY 1. RECOMMENDED** - Alternate Beneficiary 1 is contacted if Designated Beneficiary is unable to be reached.
Name. REQUIRED if providing alternate beneficiary - Full name of Alt Beneficiary 1. **Address.** REQUIRED if providing alternate beneficiary - Street address of Alt Beneficiary 1's address. **City.** REQUIRED if providing alternate beneficiary - City of Alt Beneficiary 1's address. **State.** REQUIRED if providing alternate beneficiary - State of Alt Beneficiary 1's address. **Zip.** REQUIRED if providing alternate beneficiary - Zip code of Alt Beneficiary 1's address. **PH.** REQUIRED if providing alternate beneficiary - Phone number of Alt Beneficiary 1. **THIS IS CRITICAL.** This is the method of communication primarily used to contact beneficiaries. **Relationship (optional).** Relationship of Alt Beneficiary 1 to MAPS Member.
- c. **ALTERNATE BENEFICIARY 2**
Name. REQUIRED if providing alternate beneficiary - Full name of Alt Beneficiary 2. **Address.** REQUIRED if providing alternate beneficiary - Street address of Alt Beneficiary 2's address. **City.** REQUIRED if providing alternate beneficiary - City of Alt Beneficiary 2's address. **State.** REQUIRED if providing alternate beneficiary - State of Alt Beneficiary 2's address. **Zip.** REQUIRED if providing alternate beneficiary - Zip code of Alt Beneficiary 2's address. **PH.** REQUIRED if providing alternate beneficiary - Phone number of Alt Beneficiary 2. **THIS IS CRITICAL.** This is the method of communication primarily used to contact beneficiaries. **Relationship (optional).** Relationship of Alt Beneficiary 2 to MAPS Member.

Signature. REQUIRED - Member must sign, hand-written or digitally, for this form to be considered official. **Date.** Date form is signed by MAPS Member.

It is the MAPS Member's responsibility to keep Member and Beneficiary information updated. As the beneficiary phone number is the primary method of communication for MAPS upon notification of death, it is crucial this information is reviewed and updated routinely by MAPS Member.