



MEMBERSHIP APPLICATION

FLIGHT ATTENDANT AUXILIARY

Revised 1/19/00

NAME _____

DATE _____

(Please include name you used on the line, if applicable)

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

PHONE _____ FAX _____

EMAIL _____

DATE OF BIRTH _____

SPOUSE NAME _____

DATES EMPLOYED BY
EAL _____

SILVER FALCON
SPONSOR** _____

SYNOPSIS OF YOUR ACTIVITIES SINCE EASTERN CEASED OPERATIONS:

WERE YOU A SCAB DURING THE 1989-90 STRIKE? _____

MAIL COMPLETED APPLICATION AND A CHECK FOR \$10.00 TO: THE SILVER FALCONS,
P.O. BOX 71372, NEWNAN, GEORGIA 30271. THIS WILL BE FOR THE CALENDAR YEAR
JANUARY 1 THROUGH DECEMBER 31.