



PILOT MEMBERSHIP APPLICATION

Revised 1/19/00

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

PHONE _____ FAX _____ E-MAIL _____

DATE OF BIRTH _____ SPOUSE NAME _____

DATES EMPLOYED BY EAL _____

SYNOPSIS OF YOUR ACTIVITIES SINCE EASTERN CEASED OPERATIONS

WERE YOU EVER A SCAB? _____

PLEASE ENCLOSE A CHECK FOR \$25.00 WITH YOUR COMPLETED APPLICATION. THIS WILL BE FOR THE CALENDAR YEAR JANUARY 1 THROUGH DECEMBER 31. MAIL COMPLETED APPLICATIONS TO: THE SILVER FALCONS, P.O. BOX 71372, NEWNAN, GA 30271.

SIGNATURE _____