

FRANK P. LAHM FLIGHT MEMBER INFORMATION SHEET

Please enter the information requested and return with \$25.00 check payable to:

Frank P. Lahm Flight 9
Order of Daedalians
Box 33564, Bldg 16
Wright-Patterson AFB OH 45433-0564

Rank: _____ First Name: _____ MI: _____ Last Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Name For Name Tag: _____

Check Those Applicable: USAF____ USN____ USA____ USMC____ ANG____ USCG____
Active____ Reserve____ Retired____ Civilian____ Separated____ Astronaut____ Other

Member Status: Founder____ Hereditary____ Named____ New Application_____

If current National member, Member Number: _____

The following information will be used by the Flight for the membership roster/mailling list and to cross check with National HQ on membership matters:

Spouse's Name: _____ Home Phone: _____

Employer: _____ Phone: _____

Email Address: _____

Do you prefer to receive the Flight newsletter by Email Only? _____ (Preferred by the Flight to save paper, postage, and printing) Or it receive by snail mail only? _____ Or receive it by both snail mail and Email? _____

Aviation Category (Circle one): pilot, navigator, CSO, NFO, ABM, RPA pilot, Flt Surgeon

Date of Birth: _____ Date of Aviator Rating: _____

Total Flying Hours: _____ A/C Flown: _____