**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/mailing 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_