



## Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

TWA Payroll Number: \_\_\_\_\_ Hiring Date: \_\_\_\_\_ Retire/Resign Date: \_\_\_\_\_  
*(Contact Treasurer if you have forgotten your number)* *(Active AA)*

Job Categories: \_\_\_\_\_ Domiciles: \_\_\_\_\_

SWI Member Referral *(Optional)*: \_\_\_\_\_

### Volunteer Information

I would like to volunteer my talents as a Silver Wings member in the following areas:

Assist with Newsletter

Start Chapter in my area

Donate TWA memorabilia to SWI

### Dues Information

Membership dues are \$30 annually. Make Check payable to Silver Wings International.

**Mail to: Silver Wings International**

**PO Box 685**

**Port Jefferson, NY 11777**

My signature certifies and affirms that I will abide by the Articles of Incorporation  
and By-Laws of Silver Wings International Inc. as amended.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**