



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