



PLEASE PRINT CLEARLY
Membership Application

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____ **Country:** _____

Contact Number: _____ **E-mail:** _____

TWA Payroll _____ **Hiring Date:** _____ **Retire/Resign Date:** _____
(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

Dues Information

Membership dues are \$35 annually. Make Check payable to Silver Wings International:

Mail to: Frances Rowley
304 E. 73rd St. 4G
New York, New York, 10021

And By-Laws of Silver Wings International Inc. as amended.

Signature

Date