

## APPLICATION & INFORMATION UPDATE

NAME:	S	SPOUSE or DOM PTNR			
BIRTHDATE	B <sub>2</sub>	BASE			
PRIMARY MAIL STREET ADDRI	ESS				
CITY	STATE	ZIP CODE	PHONE		
SECOND ADDRESS & MONTHS I	USED				
CITY	STATE	ZIP CODE	PHONE		
EMAIL		POSITION	FLIGHT ATTENDANT [ ]	PILOT [ ]	
DATE OF HIRE	DEPA	RTURE DATE			
YOUR ORIGINAL AIRLINE (AIR	LINES THAT MADE UI	OUSAir)			
IF ANOTHER SOARING EAGLES	MEMBER RECRUITE	D YOU TO JOIN, V	WHO WAS IT?		
BETWEEN WHAT CITIES WAS Y	OUR FIRST AIRLINE	FLIGHT?			
WHO WAS CAPTAIN?					
YOUR MOST MEMORABLE FLY	ING EXPERIENCE?				
			(ov	er if necessary)	
REGULAR MEMBER PLEASE			· ·		
AGE EIGHTY AND OVER			\$25 AN	NUAL DUES	
SIGNATURE			DATE		

Use your PayPal account to:  $\underline{SoaringEaglesTreas@gmail.com}$ 

Or pay by check and If you have changes Please Mail this form to: Capt. Andrew Skiba, Treasurer, Soaring Eagles, 6761 Circle Dr, Fort Myers, FL 33905