



# Membership Application

1101 Grand Boulevard  
P.O. Drawer 1879  
Greenwood, MS 38935-1879  
Office: 662-453-5646  
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vernricks@airmen.org

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Armed Service Time:  
No \_\_\_\_\_ Yes \_\_\_\_\_ Dates \_\_\_\_\_ Rank \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..... YOU DO NOT HAVE TO BE A PILOT TO BELONG TO THE AIRMEN .....

List name of any member of The Airmen known to you

\_\_\_\_\_

\$35.00 Annual Membership Dues payable by:  
Check \_\_\_\_\_ Cash \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_  
Mastercard \_\_\_\_\_ AMEX \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

..... This application subject to review by the Board of Directors of The Airmen .....

## PILOTS PLEASE COMPLETE THE FOLLOWING INFORMATION WARBIRD PILOT AND AIRCRAFT INFORMATION

CertificateType: \_\_\_\_\_  
Ratings: \_\_\_\_\_ Letters of Authority or Type Ratings \_\_\_\_\_  
Biennial Review Date \_\_\_\_\_ Proficiency Check \_\_\_\_\_ Total Flight Hrs \_\_\_\_\_  
Medical Information: Class \_\_\_\_\_ Date Issued: \_\_\_\_\_

### Aircraft Currently Owned or Operated:

Make	N Number
1. _____	_____
2. _____	_____
3. _____	_____

### Flying Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_