



MEMBERSHIP APPLICATION

Name _____
First Middle Last

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-mail _____

Residence Phone () _____

Business Phone () _____

Fax Phone () _____

Husband's Name _____

Birth Date _____ Application Date _____

IF YOU HAVE PREVIOUSLY BEEN A MEMBER,
UNDER WHAT NAME?

Aviation Related Vocation(s) _____

Vocation _____

Advanced Degrees _____

Type of Certificate

Private Recreational Commercial ATP
 Military Student

Ratings and Limitations

ASEL ASES AMEL AMES
 Instrument Glider Balloon Helicopter
 A&P

Flight Instructor

Airplane Instrument Rotor Glider MEL

Ground Instructor

Basic Advanced Instrument

FAA Flight Examiner

Private Commercial Helicopter Glider
 ASEL ASES AMEL AMES
 Instrument Written

FAA Safety Counselor

Airman Certificate Number _____

Issue Date _____ Total Hours _____

Biennial Flight Review Date _____

Newest Rating _____ Date _____

Last Flight Physical Date _____ Class of Physical _____

A COPY OF THE APPROPRIATE AIRMAN CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

Note: Academic Membership requires that certification of "full-time academic student" status provided by the educational institution be attached to this application. Future Woman Pilots should include a copy of student medical certificate. 99s attach airman certificate.

DUES PAYMENT (Circle one):

United States \$75. Canada, Caribbean \$67. Overseas \$54. Academic Pilot \$30. Future Woman Pilot \$30.
(U.S. funds only by International Money Order, credit card, or check drawn on U. S. bank)

To further support the projects of The Ninety-Nines, Inc., I enclose \$ _____ as a contribution for:

Ninety-Nines Operating Fund Amelia Earhart Memorial Scholarship Fund Amelia Earhart Birthplace Museum
 Ninety-Nines Endowment Fund 99s Account/OKla. City Community Foundation 99s Museum of Women Pilots

Total amount in U. S. dollars enclosed \$ _____ Check Money Order

Credit Card: Visa MasterCard Am. Express Account #: _____ Exp. Date _____

Use above credit card for automatic yearly renewal? Yes No. Signature for credit card _____

I hereby apply for membership in The Ninety-Nines, Inc.®, and I agree to abide by the bylaws of the organization.

If I do not contact Headquarters to the contrary, my contact information may be listed in the MEMBERS ONLY
Section of The 99s website. I would like my directory Printed CD-ROM Both with add'l charge.

Signature of applicant _____ Name of Section _____

If joining Chapter, name of Chapter (Chapter association is required for FWP) _____

NEW MEMBER FORM

Please Type or Print Legibly:

Chapter Name: _____

Name of Member: _____

Name of New Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Has this member ever been a 99 before: Yes _____ No _____

SWS Membership Chairman Use Only

Date Joined Int'l _____

Mail form to: Penny Nagy
6527 Mystery Mountain Way
Rocklin, CA 95765
Email: penflys@starstream.net
Phone: 916-786-0297

Postmarked by: April 22, 2006