

SILVER WINGS MEMBERSHIP CONFIRMATION

Name:		
First name:		
Home address:		
Date of birth:		
USAF class pilot:	USAF class navigator:	
USAF training bases:		
USAF training aircraft:		
Date silver wings:	c	
Language:	N F (encircle your choice)	
Tel:		
Fax:		
GSM:		
E-mail:		
Signature:		

Please send filled in form back to:

Silver Wings secretary c.o. Christiaens Chris Poortveld 3 3990 Peer