



ORDER OF DAEDALIANS
Membership Application
PERSONAL DATA FORM

America's Premier
Fraternal Organization
Of Military Pilots

1. YOUR FULL NAME: _____

2. PRESENT MILITARY ASSIGNMENT AND LOCATION (IF APPLICABLE): _____

3. COMPLETED MILITARY PILOT TRAINING

IN (YEAR) _____ AT (LOCATION) _____

4. SPOUSE'S FULL NAME: _____

5. CHILDREN'S NAMES: _____

6. NAME AND ADDRESS OF RELATIVE (OTHER THAN SPOUSE) WHO WILL ALWAYS KNOW YOUR
LOCATION AND ADDRESS:

7. IDENTIFY OTHER DAEDALIANS IN YOUR FAMILY: _____

8. HIGHEST LEVEL OF EDUCATION: _____

9. RETIRED OR SEPARATED FROM THE MILITARY IN (YEAR) _____ AT (LOCATION) _____

AFTER _____ YEARS OF SERVICE.

10. IF RETIRED OR SEPARATED, YOUR PRESENT OCCUPATION: _____

11. AWARDS AND DECORATIONS: _____

12. SPECIAL HONORS: _____

13. MILITARY SCHOOLS ATTENDED: _____

14. KEY MILITARY ASSIGNMENTS: _____

(CONTINUE ON REVERSE IF NEEDED)

DATE: _____ SIGNATURE: _____