



**THE WINGS CLUB FOUNDATION
AEROSPACE ON CAMPUS MEMBERSHIP APPLICATION**

Name _____

University Information

Major _____ Graduation Year _____

University Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Home Information

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Date of Birth _____

Pilot Experience: Student Civil Military

Membership in other Clubs, Military and/or civil association, etc. and any other aviation experience:

Please send mail to my: School Address Home Address

My roster listing is my: School Address Home Address

Signature _____ Date _____

I, the undersigned, agree to adhere to The Wings Club Foundation By-Laws in effect, and as amended from time to time.