

TWA Clipped Wings Application Form
Please print this form and fill in the information.
When complete, mail it to the address below.

What would you like to do?

- Become a new member
- Renew your membership
- Transfer to another chapter or type of membership

What type of membership would you like?

- Chapter membership
Chapter name _____
- Associate Membership

Name _____

Maiden name _____
(if applicable)

Spouse _____

Dates you flew with TWA _____

Domiciles with TWA _____

Street Address _____

City, State, ZIP _____

Email _____

Telephone (Home) _____ (Cell) _____

After joining, do you prefer to receive the *Inside International* via:
 email or U.S. Postal Service mail?

Enter any comments in the space below:

Please send completed form to:

TWA Clipped Wings International Inc.
1ST Vice President
11913 Westgate Street
Overland Park, KS 66213-2221

Email: clippedwingstwa@sbcglobal.net