

INFORMATION AND INSTRUCTIONS

For the Named Membership Application and Personal Data Form
(Revised June 2008)

GENERAL: The Order of Daedalians was organized on 26 March 1934 by W.W. I military pilots. Today, the Order honors, as its Founder Members, over 14,000 W.W. I pilots who were commissioned and rated as military pilots of heavier-than-air powered aircraft no later than the Armistice on 11 November 1918. The Order perpetuates their memories as patriots who placed service to the nation above personal safety or position and as the first to fly their country's airplanes in time of war.

The Order's membership of commissioned, warrant and flight officer military pilots, and WASP, with its world-wide network of Daedalian Flights and its comprehensive awards program, supports the military services and other aerospace activities. The Awards and Scholarship Programs of the Order and Foundation encourage patriotism, integrity and good character in our nation's youth; military careers as pilots; safety of flight, and excellence in the performance of military duties. The Daedalian Foundation's scholarship program also promotes study in aerospace disciplines.

PROCEDURES (Please enter all required information):

PART I: Applicants must be nominated by a Daedalian in good standing.

PART II: Applicant will furnish all required and appropriate information, sign his or her name, furnish the documentation required below, and pay the current year dues and registration fee. Annual dues received after 1 October will be credited for both the current and the next year.

PART III: Applications other than WASP must be endorsed by three other Daedalians in good standing.

PART IV: For National Headquarters use only. When application is approved applicant will receive a letter of approval indicating the Founder Memberships which he or she will perpetuate and a member card. A member certificate and other information will follow.

PART V: If paying by credit card, enter card information, otherwise attach payment.

NOTE: A named member was the same member number as the assigned Founder Member.

DOCUMENTATION REQUIRED FROM APPLICANT:

1. A copy of orders or other documentation indicating a rating as a military pilot. A copy of orders for advanced military pilot ratings is acceptable.
2. If retired, a copy of the retirement orders. A Copy of DD Form 214 is acceptable if it indicates the applicant's retirement.
3. Proof of discharge under honorable conditions.
4. A completed and signed Personal Data Form (attached to the application) and, if available, a photograph suitable for publication. Mail with check for \$40.00* (annual dues of \$25.00 plus the one-time registration fee of \$15.00) or fill in credit card information with documentation required to:

ORDER OF DAEDALIANS
PO Box 249
Randolph AFB, TX 78148-0249



ORDER OF DAEDALIANS

Membership Application

PERSONAL DATA FORM

America's Premier
Fraternal Organization
Of Military Pilots

1. YOUR FULL NAME: "[Click here and type]"
 2. PRESENT MILITARY ASSIGNMENT AND LOCATION (IF APPLICABLE): "[Click here and type]"
 3. COMPLETED MILITARY PILOT TRAINING: "[Click here and type]"
IN (YEAR): "[Click here and type]" AT (LOCATION): "[Click here and type]"
 4. SPOUSE'S FULL NAME: "[Click here and type]"
 5. CHILDREN'S NAMES: "[Click here and type]"
 6. NAME AND ADDRESS OF RELATIVE (OTHER THAN SPOUSE) WHO WILL ALWAYS KNOW YOUR LOCATION AND ADDRESS:
"[Click here and type]"
 7. IDENTIFY OTHER DAEDALIANS IN YOUR FAMILY: "[Click here and type]"
 8. HIGHEST LEVEL OF EDUCATION: "[Click here and type]"
 9. RETIRED OR SEPARATED FROM THE MILITARY IN (YEAR) / AT (LOCATION): "[Click here and type]"
AFTER: "[Click here and type]" YEARS OF SERVICE: "[Click here and type]"
 10. IF RETIRED OR SEPARATED, YOUR PRESENT OCCUPATION: "[Click here and type]"
 11. AWARDS AND DECORATIONS: "[Click here and type]"
 12. SPECIAL HONORS: "[Click here and type]"
 13. MILITARY SCHOOLS ATTENDED: "[Click here and type]"
 14. KEY MILITARY ASSIGNMENTS: "[Click here and type]"
- DATE: "[Click here and type]"

SIGNATURE: _____



ORDER OF DAEDALIANS

Application for Named Membership

America's Premier
Fraternal Organization
Of Military Pilots

Part I, NOMINATION: I, _____ an active Daedalian,
recommend "[Click here and type]" _____ for Named Membership in the Order of Daedalians.

SIGNATURE: _____ **MEMBER NUMBER:** _____

Part II, APPLICATION: I voluntarily submit this application for a Named Membership in the Order of Daedalians and if accepted, I promise that I will forever abide by the tenets of the Order of Daedalians: First, to place Nation above self; Second, to be worthy of the trust and confidence of fellow Daedalians. I make these promises with no equivocation or mental reservation and ask the aid of Almighty God to assist me in unwavering adherence to the spirit and provisions of this promise.

FULL NAME: "[Click here and type]"

PLACE/FLIGHT "[Click here and type name]"

DATE "[Click here and type name]"

MAILING ADDRESS: STREET "[Click here and type]" CITY/STATE/ZIP "[Click here and type]"

DATE OF BIRTH: "[Click here and type]"

DATE OF COMMISSION OR APPOINTMENT: "[Click here and type]"

MILITARY STATUS: GRADE/ SERVICE "[Click here and type]" [] ACTIVE [] RETIRED [] SEPARATED

DATE OF ORIGINAL MILITARY PILOT RATING: "[Click here and type]"

HIGHEST MILITARY PILOT RATING: "[Click here and type]"

Part III, ENDORSEMENTS: The following are active Daedalians, and are endorsing for Named Membership.

DAEDALIAN: _____ MEMBER NUMBER: _____
Signature and printed name OR Insert digital signature

DAEDALIAN: _____ MEMBER NUMBER: _____
Signature and printed name OR Insert digital signature

DAEDALIAN: _____ MEMBER NUMBER: _____
Signature and printed name OR Insert digital signature

Part IV, FOR NATIONAL HEADQUARTERS ACTION:

FOUNDER MEMBERSHIP NO: _____ OF _____

DATE OF APPROVAL: _____

FLIGHT #: _____ NATIONAL ADJUTANT _____

Check # _____

Part V, PAYMENT: Please send check or enter credit card information for \$40.00 (\$25.00 annual dues and a one-time \$15.00 initiation fee). Mail to Order of Daedalians, PO BOX 249, RAFB, TX 78148

For credit card payments:

CARD NO: "[Click here and type]" EXP. "[Click here and type]" SECURITY CODE "[Click here and type]"



VISA []



MASTERCARD []



AMERICAN EXPRESS []

IF BILLING ADDRESS IS DIFFERENT THAN ABOVE, PLEASE GIVE ADDRESS: "[Click here and type]"