



**APPLICATION FOR NEW MEMBERSHIP**  
*to the*  
**OX5 AVIATION PIONEERS**  
PO Box 769, Troy, Ohio 45373  
A 501 (c)(3) Non-Profit Pennsylvania Corporation

**OX5 OFFICE USE**  
**ENTERED**  
Database \_\_\_\_\_

**RETURN TO:**

**OX5 AVIATION PIONEERS**  
**PO Box 769**  
**Troy, Ohio 45373**

Date of Application: \_\_\_\_\_

Assigned OX5 No. \_\_\_\_\_ **(By OX5 Office)**

Assigned Wing: \_\_\_\_\_ **(By OX5 Office)**

**PLEASE PRINT:**

Date of birth: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
First Middle Last

Street: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check This Box To Have Your Newsletter Sent Via Email**

**OPTIONAL:**

Briefly state why you want to become a member:

Tell us some interesting facts about your career, accomplishments, flying or projects. Use the reverse side of this form if necessary:

As a member of the OX5 Aviation Pioneers, I agree to participate and abide by the By-Laws of the organization. I agree to help perpetuate the OX5 Aviation Pioneers and the history of aviation.

\_\_\_\_\_ **Applicant's Signature**

\_\_\_\_\_ **Date**

**Send this form and your \$ 30.00 dues check to: OX5 Aviation Pioneers, PO Box 769, Troy, Ohio 45373**

The membership year is January 1 through December 31. You will receive a New Member Packet including your ID number, a Wall Certificate, and a Membership Card. Your Newsletters will be sent as you have selected.