

## Santa Clara Valley Chapter 99s Thumbnail Sketch

We appreciate your completion of this form to help us get to know you a little better. Tell as much or as little as you please. Please return to the Membership Chairman. Material on this form may be distributed to all chapter members.

Name:

Date:

Address

Zip

Phone: (home)

(work)

E-mail:

Married

Single

Spouse's Name

Pilot? Yes  No

Children?

Grandchildren?

Spouse's Occupation

Your Occupation/Profession

Hobbies/Interests

Birthdate

Birthplace (state or country):

Special Talents?

### Flying Data:

What year started:

Where:

Total Hours:

Hours this year:

Rating(s):

What Type Aircraft:

Aircraft Owner?

Type and N number:

Tiedown?

Flying Club Member?

Club Name:

Other Flying Organization Memberships:

Have you ever worked in the Aviation Field?

When?

Where?

For Whom?

Doing What?

What are your flying objectives?

### Ninety-Nines & You

Why did you join the 99s

When?

Member of 99s how long?

Year joined SCV 99s?

First Chapter?

Sponsor?

Chapter Offices Held

Section Offices Held

International Offices Held:

Other:

Races participated in?

Chapter Offices or Committees you'd like to serve on?

Special Aviation Interests?

Anything else you'd like us to know about you?