DAEDALIANS
WE FLEW WE FLY

DAEDALIAN

MEMBERSHIP APPLICATION

2026

Name*

First _____ **M. I.** _____

Last _____ **Suffix** _____

Rated Category* (Circle One)

Pilot CSO NFO Navigator ABM RPA
Astronaut Flight Surgeon

Service _____ **Rank** _____ **Reservist** Yes / No **Retired?** Yes / No **Retire Year**_____

Address*

Street _____ **City** _____ **State/Province/Region** _____

Zip Code _____ **Date of Birth (DOB)*** ____/_____/____ **Phone #** ( ) _____- _____

Email* _____

Spouse Name _____ **Callsign (if applicable)** _____

Aircraft Flown _____ **Current Employer** _____

How did you hear about us, and what do you hope to get out of your membership? _____

_____

***Required**

*** * * * * Initiation fee $50 and Annual Dues $90 * * * * ***

Credit Card # _____ **Exp Date** _____**CVV** _____

Please mail in this application along with a check and your aeronautical orders, rating or DD-214 to address below

For Electronic Submission:
Please Visit Us At: daedalians.org
Email your aeronautical orders, ratings, or DD-214 to:
membership@daedalians.org

HEADQUARTERS: This application for Named Membership in the Order of Daedalians is approved, and the new member is assigned to perpetuate:

Membership number: _____of_____

Date of Approval: _____ Flight #_____

Executive Director: _____