



# ADVISORY COUNCIL APPLICATION

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_.

PROFESSION/EXPERIENCE/CAREER: (Please list your current occupation or pertinent experience.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONNECTION TO P-38:  Pilot  Crew  Design/Production  Fan  Other

WHY DO YOU WANT TO SERVE ON THIS ADVISORY COUNCIL? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST GROUPS/ORGANIZATIONS (if any) of which you are a member and identify your position in and/or accomplishments with that group: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IF YOU CAN SPEAK OTHER LANGUAGES, PLEASE LIST THEM: \_\_\_\_\_

I understand the responsibilities associated with being a member of the P-38 National Association Advisory Council as outlined in the accompanying guidelines, and I agree to commit the necessary time and effort to fulfill these responsibilities.

YOUR NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

I would also like to include a donation to the P-38 Association to help support our museum, website and newsletter.  
AMOUNT OF DONATION \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

P-38 NATIONAL ASSOCIATION  
PO BOX 6453  
MARCH AIR RESERVE BASE, CA 92518-0393