



DOMESTIC PARTNER AFFIDAVIT

I, _____ submit this affidavit to establish _____ as my domestic partner for the purpose of spouse benefits in the Delta Air Lines Delta Sky Club.

I and _____ are domestic partners. Domestic partner means two adults who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life.

Specifically, I declare and acknowledge that I and my domestic partner named above meet the following criteria:

- 1. We reside together in the same permanent residence.
- 2. We are not related by blood or law.
- 3. We are financially inter-dependent.
- 4. We are both at least eighteen (18) years of age. Individuals must be at least 18 years of age for club membership. Members must be 21 years of age to access Clubs with a self-service bar.
- 5. Neither of us is married to anyone else and neither of us is engaged in another domestic partner relationship.

I acknowledge that:

- 1. I cannot file another affidavit of domestic partnership for a new domestic partner until at least 12 months after a statement of termination of domestic partnership has been filed.
- 2. If requested, I will provide to Delta Air Lines, Inc. documents establishing the existence of my domestic partnership.
- 3. I understand that I would be well advised to consult an attorney regarding the possibility that the filing of this affidavit may have certain legal consequences, including the fact that it may, in the event of termination of the domestic partner relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property or for ordering payment of monetary support.
- 4. I have an obligation to file a legal separation, divorce, termination of domestic partnership with a designated Delta Sky Club representative within 30 days if the above criteria of relationship are no longer satisfied.

I affirm that the statements in this affidavit are true to the best of my knowledge.

Signature _____ Dated _____
 Printed Name _____ Address _____
 Membership # _____ City _____ State / Zip _____

Notary Seal _____ Notary Signature _____

The above was sworn and scribed to me on _____ (mm/dd/yy)

By _____ A Notary Public in and for the State of _____.