



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 _____.