



1048 Irvine Avenue #640
Newport Beach, California 92660
8713 E. Iola Street,
Broken Arrow, OK, 74014
Telephone: 949-833-1400
Facsimile: 949-263-8736
www.mahaffeylaw.com
Email: doug@mahaffeylaw.com

NON AMERICAN AIRLINES INFORMATION
INTEREST FORM

1. Name, address, phone, number

email: _____

2. I work for the following entity: _____

3. I work at the following address: _____

4. My employer has announced the vaccine mandate as

follows: _____

5. I object to this mandate on the following

grounds: _____

6. I am interested in filing suit and can afford and will pay \$500 a month for three months: ____ [yes or no] If no, what is the circumstance? _____

7. I am not interested in joining suit but want to donate to support. ____ If so, go to www.Americanfaith.com to airline donation suit fund.]

8. I estimate I have the following number of interested co workers who would join this suit: [give names and emails] _____

9. I have the following emails, notices, announcements in my possession and can provide them to you for evidence: _____

10. I have the following information you may find important on deciding to take this suit: _____