AFA Application

☐ Check here if renewal.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AFA CHAPTER CHOICE _____ DATE OF BIRTH _____

PHONE (____) _____ EMAIL ADDRESS _____

Eligibility

I am eligible as a member or patron as shown, and I understand the annual $36 fee includes a subscription ($21) to *Air Force* Magazine. The fee is not deductible as a charitable contribution for federal income tax purposes.

☐ Current Active Duty U.S. Armed Forces

☐ Current Service U.S. Reserve

☐ Retired U.S. Armed Forces

☐ Previous service U.S. Armed Forces _____ **Branch of Service**

☐ Spouse/Widow(er) of current or former U.S. Armed Forces

☐ Lineal Descendent or Ancestor of current or Former U.S. Armed Forces

☐ Patron (no service with U.S. Armed Forces

Profession

☐ USAF(including civilian)
☐ NASA
☐ Other U.S. Government
☐ Aerospace Industry
☐ Civil Air Patrol
☐ Other

Job Function

☐ Managment
☐ Engineering
☐ Operations
☐ Procurement
☐ R and D
☐ Profesional
☐ Other
☐ GS-15 and and above

Payment

☐ $36 for 1 year
☐ $90 for 3 years

Options

☐ $18 for 1 year for: (check 1)
☐ Current Enlisted E-4 & beow
☐ Cadets (please circle one)
ROTC JrROTC CAP

Lifetime

☐ $500 single payment
☐ $525 extended payments
☐ Initial payment of $85 with 4 quarterly payments of $110 each
☐ Initial payment of $85 with 8 quarterly payments of $55 each

Method of Payment

☐ Check enclosed (not cash)
☐ MasterCard®
☐ Account Number
Date_____

☐ American Express®
☐ VISA®
☐ Expiration

_____

Signature DATE

Please remit your payment to: AFA Chapter 105
P.O. Box 15057
Tucson AZ 85708

Please DO NOT transmit by the internet.