

Joint Alumni Association Information Form

Organization: Arnold Air Society Angel Flight Silver Wings

Prefix: Mr. Miss Ms. Mrs. Dr. Military (see Rank, below)

First Name: Middle: Last:

Maiden Name: Birthdate:

Home Address:

City: State: Zipcode: Country:

Home Phone: Work Phone: Cell Phone:

Email: 2nd Email: Spouse:

Degree/Major: Graduation Date:

Squadron/Flight/Chapter Name:

Company/Base: Job Title:

Military Rank (current or Prior): Active Separated Retired

Hobbies/Future Plans:

Please list any offices you held during your active membership in our organization(s).

Squadron/Flight/Chapter Level:

Area/Region Level:

National Level:

Please check all that apply:

- I am enclosing a check with my membership fee of 1 yr - \$15 3 yr - \$40 Lifetime - \$200 Extended Lifetime - \$35 initially, \$45 paid quarterly afterwards.
- I would like to make a donation to the AAS-SW Scholarship Fund. I am enclosing a separate check for my donation.
- I am interested in taking an active leadership role in the Alumni Association.
- I hereby allow the Joint Alumni Association to give my physical and/or email address to AAS or SW members who are interested in my career field, to local detachments of AFROTC, or to my college/university detachment when requested.

I hereby request that the Joint Alumni Association contact me before giving out my contact information to any third party.

SEND WITH REMITTANCE(S) TO:

Executive Management Center

10411 Courthouse Rd, Ste E, Spotsylvania, VA 22553

JAA Form 1

PREVIOUS EDITIONS OBSOLETE

18 November 2011