

AFA MEMBERSHIP FORM

Check Appropriate Box:

Enroll me as a **new member** of the Air Force Association.

Renew my membership.

My graduation date will be (Month, Year) _____,

Name (Print or Type) _____

Address (for magazine delivery) _____

City _____ State _____ Zip _____

School _____

The annual dues for The Air Force Association are \$22.50.

The Air Force Association will issue a membership card and AFA Lapel Pin and will commence (or extend) subscription to AIR FORCE Magazine for twelve monthly issues upon receipt of this form along with your check or money order processed through SW Executive Management Center.

Signature _____



SW Form 4 (MS Word)
04 August 2010

SILVER WINGS

EXECUTIVE MANAGEMENT CENTER
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DESTROY ALL PREVIOUS EDITIONS OF THIS FORM

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