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: Initial: Last Name:

Maiden Name: Birthdate:

Home Address:

City: State: ZIP: Country:

Home Phone: Work Phone: Cell Phone:

E-Mail Address 1: E-Mail Address 2: Spouse Name:

Degree/Major: Graduation Date:

Squadron/Flight/Chapter Name: School:

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 would like to join the Joint Alumni Association. I am enclosing a check with my membership fee of $20, payable to the "Joint Alumni Association."

☐ I would like to make a donation to the AAS-SW Scholarship Fund. I am enclosing a separate check for my donation, payable to the "AAS-SW Scholarship Fund."

☐ 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 ☐ e-mail 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
9 E. Loockerman St., Suite 2B, Dover, DE 19901-7343

JAA Form 1 **PREVIOUS EDITIONS OBSOLETE**

12 October 2007