



**AFA Gold Coast Chapter 351  
Membership Application**



Name \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I understand the annual **\$45** fee includes a subscription (**\$25**) to *Air Force Magazine*.

**Current Military Status**

- |   |   |
|---|---|
| <input type="checkbox"/> Active Duty U. S. Armed Forces | <input type="checkbox"/> Previous U. S. Military Service                            |
| <input type="checkbox"/> U. S. National Guard           | <input type="checkbox"/> Spouse/Widow(er), Lineal<br>Ancestor/Descendent of Veteran |
| <input type="checkbox"/> U. S. Reserve                  | <input type="checkbox"/> Civilian (No Service with U.S. Military)                   |
| <input type="checkbox"/> Retired U. S. Armed Forces     |   |

Branch of Service \_\_\_\_\_

**Current Profession**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Aerospace Industry | <input type="checkbox"/> Retired |
| <input type="checkbox"/> US Government      | <input type="checkbox"/> Other   |

**Current Job Function**

- |                                      |                                      |                                  |
|--------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Management  | <input type="checkbox"/> Procurement | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> R and D     | <input type="checkbox"/> Other   |

**Membership Options**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>\$45</b> for one year     | Special <b>\$22.50</b> rate for:                        |
| <input type="checkbox"/> <b>\$110</b> for three years | <input type="checkbox"/> Current Service Enlisted E1-E4 |
|   | <input type="checkbox"/> Current Student                |

**Life Membership**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>\$600</b> single payment | <input type="checkbox"/> <b>\$630</b> extended payments                                    |
|  | <input type="checkbox"/> <b>\$90</b> initially and <b>\$135</b> quarterly for 4 payments   |
|  | <input type="checkbox"/> <b>\$90</b> initially and <b>\$67.50</b> quarterly for 8 payments |

**Method of Payment**

- Check Enclosed     MasterCard     VISA     American Express

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_