



AFSA Membership Application

Thank you in advance for your membership and support.

First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Spouse Name _____

Mailing address _____

City/State/Zip _____

Personal Email Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Membership ID# (for renewals) _____

Rank _____ Last Assignment _____ DEROS/Expected Graduation Date (month/year) _____

____ I AM A WAR VETERAN Dates: _____

Membership Type: UNIFORMED FAMILY ASSOCIATE

MEMBERSHIP YOUR CHOICE (select one):

Uniformed Services: USA USMC USN USCG

1 Year Membership . . . \$36

USAF USPHS NOAA

2 Year Membership . . . \$63

Military Component: Active Duty Guard Reserve

3 Year Membership . . . \$89

Status: Active Retired Veteran

Life Membership . . .Contact AFSA

Recruiter/Retainer Name/# _____ Assign to Chapter _____

PAYMENT METHOD

Please do NOT send checks drawn on foreign banks, or send cash by mail. Overpayments will be applied to the Airmen Memorial Building Fund

PAYMENT INFO: Check # _____ Money Order Credit Card: Visa Mastercard AmEx Discover

Total amount to be billed: \$ _____

Name as it appears on your Credit Card _____

Address _____ City/State/Zip _____

Credit Card # _____ Exp Date ____/____ Security Code _____

Signature _____ Date _____

PAID _____ HQSTAFF _____

AUTO RENEWAL: I authorize the AFSA HQ to auto renew my annual dues from the credit card number as listed above at the prevailing membership dues rate at time of renewal.

Email address confirmation: _____

Name as it appears on the credit card: _____

Signature _____ Date _____

Make checks payable and send to: AFSA, 5211 Auth Road, Suitland, Maryland 20746

For additional information: 1-800-638-0594 x 288 | www.hqafsa.org

Membership dues are non-refundable and subject to payment/credit card approval.