

# Air Force Sergeants Association Membership Application



Thank you in advance for your membership and support.

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Rank \_\_\_\_\_ Last Assignment \_\_\_\_\_

Street Address \_\_\_\_\_

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

Personal email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Membership ID# (for renewals) \_\_\_\_\_

I AM A WAR VETERAN Dates: \_\_\_\_\_

DEROS/Expected Graduation Date (month/year) \_\_\_\_\_

**MEMBERSHIP TYPE:**  AFSA  FAMILY MEMBER  ASSOCIATE

**MEMBERSHIP TERM:**  One Year \$36  Two Years \$63  Three Years \$89

**LIFE MEMBERSHIP:**  Age 40 & under \$650  41-50 \$550  51-60 \$450  Age 61 & over \$350

**COMPONENT:**

AFAD  ANG  AFRC  
Other \_\_\_\_\_

**STATUS:**

Active  Retired  Veteran  
Other \_\_\_\_\_

**AFSA CHAPTER ASSIGNMENT**

Assign to closest Chapter  Assign to Chapter # \_\_\_\_\_

Recruiter/Retainer \_\_\_\_\_ Chapter # \_\_\_\_\_ Member # \_\_\_\_\_

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

Check/Money Order  AmEx  VISA  Discover  MasterCard

**TOTAL AMOUNT TO BE PAID/BILLED** \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration date (month & Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**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. 12/30/15

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