

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 Men	nbership ID# (for renewals)
Rank Last Assignment	DEROS/Expected Graduation Date (month/year)
I AM A WAR VETERAN Dates:	
Membership Type: UNIFORMED FAMILY _	ASSOCIATE
Uniformed Services: USA USMC USN	uscg [] 1 Year Membership \$36
USAF USPHS NOAA	USSF [] 2 Year Membership \$63
Military Component: Active Duty Guard	Reserve [] 3 Year Membership \$89
Status: Active Retired Veteran	[] Life MembershipContact AFSA
Recruiter/Retainer Name/#	Assign to Chapter
PAYME	ENT METHOD by mail. Overpayments will be applied to the Airmen Memorial Building Fund
	ler Credit Card: [] Visa [] Mastercard [] AmEx [] Discover
Total amount to be billed: \$	
Name as it appears on your Credit Card	
Address	City/State/Zip
	Exp Date/ Security Code
Signature	Date
PAID	HQSTAFF
[] AUTO RENEWAL / SET IT FOREVER: I authorize the AFSA above at the prevailing membership dues rate at time of rer	A HQ to auto renew my annual dues from the credit card number as listed newal.
Email address confirmation:	
Name as it appears on the credit card:	
	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.