

## **DEPLOYED MEMBER SPECIAL/PAYMENT FORM - HURRY...**

All membership information will be sent or emailed to you via the information as submitted below.

| First Name  |                             | Middle Initial                              |  |
|---|-----------------------------|---|--|
| Last Name   |                             | Suffix                                      |  |
| Mailing address   | s                           |   |  |
| City/State/Zip _  |                             |   |  |
| Personal Email  | Address                     |   |  |
| Home Phone  |                             | Cell Phone                                  |  |
| Date of Birth   | Me                          | mbership ID# (for renewals)                 |  |
| Rank  | Last Assignment             | DEROS/Expected Graduation Date (month/year) |  |
| I AM A WAR VETERAN Dates:   |                             |   |  |
| Membership Type: AFSA FAMILY MEMBER ASSOCIATE   2 YEAR \$50 Membership Term 2Year/19DPL   |                             |   |  |
| Component: AFAD ANG AFCR Other Recruiter/Retainer Name/#  |                             |   |  |
| Status: Act   | tive Retired Veteran Other  | 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   |                             |   |  |
| Total amount to be billed: \$   |                             |   |  |
| Name as it  | appears on your Credit Card |   |  |
| Address _   |                             | City/State/Zip                              |  |
| Credit Card   | l#                          | Exp Date/ Security Code                     |  |
| Signature _   |                             | Date  |  |
| FOLIR WAY   | S TO SUBMIT:                |   |  |

- Visit this link and complete the online form: https://www.hqafsa.org/deployed
- Complete this form and submit online to: mfsvc@hqafsa.org
- Make check payable and send before deadline to: Air Force Sergeants Association 5211 Auth Road, Suitland, MD 20746
- Call AFSA HQs Team: 1-800-638-0594 x 288