

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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