



AFSA Family & Friends Joint Membership Form

PRIMARY RECORD OWNER

All membership information will be sent or emailed to this primary member.

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

Phone Number _____

Email Address _____

Mailing address _____

City/State/Zip _____

Rank _____ Component _____

War Veteran _____ War Period _____

Next Base Assignment _____

Recruiter ID _____ Recruiting Chapter _____

Member Chapter Assignment _____

Membership Type **JOINT MEMBERSHIP \$50** (19JM50)

Membership Term **ONE YEAR**

Remarks _____

SECONDARY RECORD OWNER

No membership information will be sent or emailed to this member.

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

Phone Number _____

Email Address _____

Mailing address _____

City/State/Zip _____

Rank _____ Component _____

War Veteran _____ War Period _____

Next Base Assignment _____

Recruiter ID _____ Recruiting Chapter _____

Member Chapter Assignment _____

Membership Type **JOINT MEMBERSHIP \$50** (19JM50)

Membership Term **ONE YEAR**

Remarks _____

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

Name on Credit Card _____

Address _____ City/State/Zip _____

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

Signature _____ Date _____

I choose to auto renew this joint membership each year, please bill my credit card accordingly.

Campaign Dates: The AFSA Family & Friends Members campaign begins **Wednesday, May 1, 2019** and ends **Wednesday, July 31, 2019**.
For additional information, please contact HQ Member & Field Relations 800-638-0594, 301-899-3500 x 288