



Air Force Association
 1501 Lee Highway
 Arlington, Virginia 22209

COMMUNITY PARTNER APPLICATION

(PLEASE REMIT TO YOUR LOCAL CHAPTER)

Name of Company/Professional Office _____

Phone Number _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Signature and Title _____

Sponsoring Chapter _____ Chapter Number _____

Category I Community Partner - \$90
 (one member)

Category II Community Partner - \$180
 (two members)

Check Enclosed

Credit Card Visa MasterCard American Express

Credit Card Number _____ Exp Date _____

Signature _____

The following person(s) are designated as members of the Air Force Association. The monthly copy of AIR FORCE Magazine will be sent to the address(es) listed below.

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

If applying for a **Category I** affiliation, complete this section only.

Current Military Status

- Active Duty US Armed Forces
- US National Guard
- US Reserve
- Retired US Armed Forces
- Branch of Service _____

- Previous US Military Service
- Spouse/Widow(er), Lineal Ancestor/Descendent of Veteran
- Civilian (No Service with US Military)

Current Profession

- Aerospace Industry
- US Government
- Retired
- Other

Current Job Function

- Management R and D
- Engineering Retired
- Procurement Other

Signature _____ Date _____

If applying for a **Category II** affiliation, complete this section for the second person.

Current Military Status

- Active Duty US Armed Forces
- US National Guard
- US Reserve
- Retired US Armed Forces
- Branch of Service _____

- Previous US Military Service
- Spouse/Widow(er), Lineal Ancestor/Descendent of Veteran
- Civilian (No Service with US Military)

Current Profession

- Aerospace Industry
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Current Job Function

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Signature _____ Date _____