



AFA JROTC UNIT MEMBERSHIP APPLICATION

**Air Force Association
1501 Lee Highway
Arlington, VA 22209
Fax: 703-247-5853**

Unit Name _____

School Name _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

AFA Chapter Choice _____

Instructor Name _____ Email Address _____

Payment Amount

\$36 for 1 year

Method of Payment

Check enclosed (not cash)

MasterCard

American Express

VISA

Credit Card _____ Exp. Date _____

Signature _____ Date _____

Return to:

Air Force Association
ATTN: Judy
1501 Lee Hwy
Arlington, VA 22209