



AIR FORCE ASSOCIATION

BIOGRAPHICAL DATA

Please type or print. Material will be used by AFA for news releases, speeches and background, so be sure it is accurate. Please indicate items you do not want to be used by AFA.

BACKGROUND

Full Name _____ Date of birth _____

Name you prefer to be called _____ Place of birth _____

Current home address _____

City _____ State _____ Zip _____ Phone _____

Employer _____

Occupation _____ Title _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Fax No. _____ E-mail address _____

Marital Status _____ Spouse's name _____ No. of children _____

Send mail to: Home Office AFA may contact me at my: Home Office Both

EDUCATION

High school attended _____ City _____ State _____

College(s) attended _____ City _____ State _____

Degree(s) conferred _____ Subject _____

Other special training _____

COMMUNITY

Other business affiliations _____

Other organizations _____

Volunteer work _____

Awards received _____

Comments _____

AFA ACTIVITIES

Date first joined AFA _____

AFA offices held _____

Current AFA office held _____ Unit _____

National offices held _____

Current national office held _____

AFA awards received _____

MILITARY BACKGROUND

Date entered service _____ Where _____

Branch of service _____ Total years active duty _____

Location of service _____

Current military status _____

Primary military duties _____

Other military duties _____

Decorations _____

MISCELLANEOUS

Hobbies _____

Additional comments _____

It is my understanding that AFA will conduct a thorough investigation of my background and may verify all data given in this biographical form.

Have you ever been convicted of a crime? yes no

CONSENT TO SERVE: I confirm to AFA and to the Nominating Committee that, if elected, I am ready to accept the challenge to serve.

Signature _____ Date _____

Please return completed form to:
AFA Headquarters, Attention: Field Services
1501 Lee Highway, Arlington, VA 22209-1198