



AFA

Air Force Association

An Independent Non Profit Aerospace Organization

APPLICATION FOR STUDENT MEMBERSHIP

I wish to become a Student Member of the Air Force Association. I understand that the annual dues amount includes a subscription to AIR FORCE Magazine.

Name

Address

City

State

Zip

Phone Number

Email Address

Please affiliate me with _____ AFA Chapter

I enclose annual student dues amount - \$18.00.

Please charge my credit card for \$18.00

MasterCard

VISA

American Express

Account Number _____

Expiration Date _____

Signature

Date