



AIR & SPACE FORCES ASSOCIATION
EMERGING LEADER PROGRAM
APPLICATION AND CONSENT TO SERVE

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.

PERSONAL

Full Name _____ Date of birth _____
Name you prefer to be called _____ Place of birth _____
Home address _____
City _____ State _____ Zip _____ Phone _____
Email address _____ Mobile Phone _____
Marital Status _____ Spouse's name _____ No. of children _____
Hobbies: _____

EMPLOYMENT

Employer _____
Occupation _____ Title _____
Business Address _____
City _____ State _____ Zip _____ Phone _____
Fax No. _____ E-mail address _____
Send mail to: Home Office AFA may contact me at my: Home Office Both

MILITARY SERVICE

Date entered service _____ Where _____
Branch of service _____ Total years active duty _____
Location (most recent) _____
Current military status _____
Primary military duties _____
Other military duties _____
Decorations _____

Additional comments _____

EDUCATION

Schools attended/degree(s) _____

Other special training _____

COMMUNITY

Other business affiliations _____

Other orgs/ Volunteer work _____

Awards received _____

AFA INVOLVEMENT

Date first joined AFA _____ AFA Membership Number _____

Current AFA office held _____ Chapter _____

Previous AFA offices held _____

Other Chapter/State Involvement _____

AFA awards received _____

CONSENT TO SERVE

It is my understanding that AFA may 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

I confirm that, if selected, I intend to participate in this program for the entire year. I understand my responsibilities and the expectations of the program as presented to me. I understand AFA provides reimbursement for participation in official events, but there may be expenses not covered through the program that I may need to pay in order to participate in and meet the intentions of the program. I have read and understand the program guidelines.

I have attached my one-page letter describing:

1. Why I think I would be a good candidate
2. What I would like to personally and professionally accomplish during my term
3. What council or committee I would prefer to serve on (rank-order choices: Field Council, AEC, Membership, Strategic Planning, or Development Committees).

4. My long terms goals as an AFA leader

[Two additional letters of recommendation may be attached, maximum one page each]

Signature _____ Date _____

Please send completed form to your Region President through your chapter and state presidents, as applicable.