



AIR FORCE ASSOCIATION

1501 Lee Highway
Arlington, VA 22209

**An Independent Nonprofit
Aerospace Organization**

COMMUNITY PARTNER APPLICATION

Company Name _____

Street Address _____

City/State/ZIP _____

Phone Number _____

Email Address _____

Sponsoring Chapter _____

Category I - \$90 (one member)

Category II - \$180 (two members)

VISA MasterCard American Express Check enclosed

Credit Card Number (ALL DIGITS)*

Expiration Date

CVC/CVW

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Billing Address _____

City/State/ZIP _____

*Please provide billing address for credit card used.

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.

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

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

Name _____

Name _____

Address _____

Address _____

City/State/ZIP _____

City/State/ZIP _____

Email Address _____

Email Address _____

Signature _____ Date _____

Signature _____ Date _____