

Air Commando Association Membership Application

Membership is open to:

- A. Persons who served with or supported Air Force Air Commando/Special Operations Units.
- B. Widows of persons eligible for regular membership qualify as non-dues paying members.
- C. Other units/interested parties may join as non-voting associate members with approval of the Board of Directors.

*Newsletter is published quarterly.
Annual Reunion held in October*

Type Membership requesting:

_____ \$ 20.00 Annual Regular _____ \$ 20.00 Annual Associate
_____ \$150.00 Life Regular _____ \$150.00 Life Associate
_____ Widow (No Dues)

Name: _____ Rank: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Home# (_____) _____ Work #: (_____) _____

E-mail: _____

Branch of Service: USAF Army Navy USMC Other

Please list: _____

AFSC/MOS: _____ Job Title: _____

Dates of Service: From ___/___/___ To: ___/___/___ Retired? Y or N

Air Commando/Special Operations Service:

From ___/___/___ To: ___/___/___ Unit _____

Location _____ Aircraft _____

From ___/___/___ To: ___/___/___ Unit _____

Location _____ Aircraft _____

From ___/___/___ To: ___/___/___ Unit _____

Location _____ Aircraft _____

From ___/___/___ To: ___/___/___ Unit _____

Location _____ Aircraft _____

Present Occupation: _____

Spouse Name: _____

Permission to provide phone # & address to other Members only? ___ Yes ___ No

Permission to publish phone # & address in ACA Newsletter? ___ Yes ___ No

Amount Enclosed: \$ _____

Signature: _____ Date: ___/___/___

Return application to: Air Commando Association
P.O. Box 7
Mary Esther, FL 32569-0007

For Office use only: Membership Number: _____

Amount Paid: _____ Date: ___/___/___

Entered in Mailing List: _____ Entered in Accounting Log: _____

Welcome Letter: _____ Membership File: Sponsor: _____