



# Membership Application

## Eligibility

**Full Members: Former/Current** members of Air Force Bands, Broadcasting, Visual Information/Combat Camera or Public Affairs (Military, Civil Air Patrol or DoD Civilian).

I am applying for and enclosing a check (U.S. Funds) Payable to: *AF Public Affairs Association*

( ) \$300 Lifetime Membership (One-Time Payment or Four Quarterly \$75 Installments)

( ) \$ 50 Three-Year Full Membership

( ) \$ 25 One-Year Full Membership

( ) \$ 50 Three-Year Adjunct\*/Affiliate\*\* Membership

( ) \$ 25 One-Year Adjunct\*/Affiliate\*\* Membership

Sponsor and Contact Information \_\_\_\_\_

Mail Completed Form & Check to: Air Force Public Affairs Association

PO Box 2446

East Peoria IL 61611-2446

Name (First, MI, Last, Nickname, JR/SR/III etc.) \_\_\_\_\_

Home Address (Required) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Spouse's Name (First and Last) \_\_\_\_\_

Home Phone (Required) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (Required) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (Required – Non-Government/Company) \_\_\_\_\_

Name of Business/\*Military Assignment \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I Retired or Separated (please circle) from the Air Force as a (rank or grade) \_\_\_\_\_ in (year) \_\_\_\_\_

My last Air Force Bands, Broadcasting, Visual Information/Combat Camera or Public Affairs position was: \_\_\_\_\_ . It was at (base) \_\_\_\_\_

I am Part of the Active, CAP, Guard or Reserve Force or a DoD Civilian (please circle).

My Current rank or grade is \_\_\_\_\_

My Current Air Force Bands, Broadcasting, Visual Information/Combat Camera or Public Affairs position is: \_\_\_\_\_ at (base) \_\_\_\_\_

\*Adjunct: Spouse, Widows, Widowers.

\*\*Affiliate: Any person not eligible for membership under any of the above categories may become a member upon favorable recommendation by the Membership Committee and approval by the Board of Directors.

\*\*\*Note: Military, please include (Application Back) a Family Member/Friend Address/Telephone Number.

This helps if you PCS and forget to update your directory information on <https://afpaa.org/directory/>.