MEMBERSHIP AND RENEWAL APPLICATION
COMMEMORATIVE AIR FORCE
INLAND EMPIRE WING

Please complete this form which will become part of your wing 201 file. When completed, please mail to: **Inland Empire Wing/CAF, 6936 Flight Road, Riverside, CA 92504.** Please enclose a check for wing dues for $50.00 made payable to Inland Empire Wing/CAF.
Dues cover a calendar year period and will be pro-rated for periods of less than a calendar year as outlined below.

FULL NAME: _____(_____)
FIRST MIDDLE LAST NICK NAME

DATE OF BIRTH: ____/_____/_____ E-MAIL:_____

MARRIED: _____ SPOUSE'S NAME: _____

ADDRESS (Residence): _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (If different than residence): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (Home): _____ (Work): _____ (Cell): _____

BUSINESS/PROFESSION/EMPLOYMENT: _____

CAF SERIAL NO: _____ CAF LIFE NO: _____ (both must be supplied)

LIST AIRCRAFT YOU HAVE SPONSORED: _____

LIST ANY AVIATION RELATED LICENSES OR RATINGS YOU HOLD (Pilot, A & P, ETC.)

_____

TYPES OF AIRCRAFT FLOWN: _____

TOTAL FLYING TIME: _____ OWN A PLANE? _____ WHAT TYPE: _____

N# _____ YEAR: _____ SPECIAL FEATURES: _____

I certify that all information given above is true and correct to the best of my knowledge.

SIGNATURE: _____

Dues are as follows:
Inland Empire Wing/CAF annual dues are $50.00 per year. Due and payable on or before January 1.