

Honoring American Military Aviation



COMMEMORATIVE AIR FORCE

P.O. Box 62000
MIDLAND, TX 79711-2000
(432) 563-1000 • FAX (432) 563-8046
www.commemorativeairforce.org
www.airsho.org

OFFICE USE ONLY—DO NOT WRITE IN THIS AREA

Recommended by Col Herb Duncan 29496

Unit Credit CAF Col Jayhawk Wing Serial No.

Date Received _____

Serial No. _____

**APPLICATION FOR COMMISSION
Active U.S. Military, Guard and Reserve**

NAME _____

MAILING ADDRESS _____

COUNTRY _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____ MARRIED? IF YES SPOUSE'S NAME _____

SERVICE _____ RANK _____

CURRENT UNIT/LOCATION _____

MILITARY OCCUPATION _____

Print name as you would like it to appear on name tag _____

I certify that the statements made by me in this application are true, to the best of my knowledge and belief, and are made in good faith. I will give my full support to the aims and objectives of the Commemorative Air Force and will assist the General Staff in attaining these goals.

Applicant's Signature

Please remit a total of \$100 with this application. Annual dues are \$200 after the first year discounted rate of \$100. This special offer is for new members only.

Annual membership dues of \$200 include \$30 for a one-year subscription to *Dispatch* magazine. If you do not wish to receive *Dispatch* please check here. (Membership dues will remain \$200)

MasterCard/VISA/Discover/American Express _____

Exp _____

Signature _____

I would be interesting in participating in a CAF unit, please send me more information.

Were you recruited by a CAF Colonel? Please list his/her name here:



HEADQUARTERS
 PO Box 62000
 Midland, TX 79711-2000
 (432) 563-1000 ✪ Fax (432) 563-8046
 Toll Free (877) 767-7175
 www.commemorativeairforce.org

**COMMEMORATIVE AIR FORCE MEMBERSHIP DUES
 NEW DONATION DEDUCTION AUTHORIZATION (U.S. ONLY)**

MEMBER NAME _____ I.D. _____

APPLICATION DATE _____

BANK _____ CITY _____ STATE _____

ACCOUNT # _____

ABA ROUTING # _____

PLEASE CHECK ONE SAVINGS CHECKING

I hereby authorize you to deduct from my account \$19.00 on the 5th day of each month. I understand that this deduction shall cease: (1) upon termination of my membership, or (2) upon written notice by me to the Commemorative Air Force of the cancellation of this authorization, or (3) upon termination of this program by the Commemorative Air Force under which you have agreed to remit dues donations.

A new CAF member will be commissioned at the next General Membership meeting and will be eligible to vote beginning with the second General Membership meeting after his/her joining.

I understand this authorization may be terminated at the sole discretion of the Commemorative Air Force. This authorization supersedes all previous similar authorizations and is to be retained by the Commemorative Air Force.

I have remitted \$19.00 with this application. I understand that deductions from my account will start on the 5th day of the month immediately following Commemorative Air Force Headquarters receipt of my authorization.

SIGNATURE _____ DATE _____

THE CAF IS A PATRIOTIC ORGANIZATION DEDICATED TO THE PRESERVATION
 OF THE WORLD'S GREAT COMBAT AIRCRAFT

CONTRIBUTIONS TO THE CAF ARE TAX DEDUCTIBLE

FOR NEW DEDUCTION AUTHORIZATION

