

Complimentary
Air Force Public Affairs Alumni Association Membership Application

*(Please type or print clearly. Items marked * are required)*

I am applying for a complimentary two (2) year Associate AFPAAA Membership.

* Name _____ * Date: _____
(mm/dd/yy)

* Home Address: _____

* City: _____ * State: _____ * ZIP: _____

* Home Phone: _____
(xxx-xxx-xxxx)

Unit Name: _____

Unit Address: _____

City: _____ State: _____ ZIP: _____

Unit Phone: _____
(xxx-xxx-xxxx)

My fax number at home is: _____ N/A
(xxx-xxx-xxxx)

My fax number at work is: _____ N/A
(xxx-xxx-xxxx)

* My e-mail address at home is: _____ N/A
(jdoe@aol.com, etc.)

My e-mail address at work is: _____ N/A
(jdoe@af.mil, etc.)

* Please send AFPAAA correspondence to my: home address unit address

* I am currently part of the active duty, guard or reserve forces and my current USAF
 Public Affairs Broadcasting Band Multimedia position/job

* is: _____ * at (base): _____

* My current grade/rank is: _____

*(Please type or print clearly. Items marked * are required)*

NOTE: If you are using a recent version of Adobe Reader software (Vers 8 suggested) this PDF form can be completed on and saved to your computer. Then e-mail it to: **membership@afpaaa.org** or send by postal mail to:

Air Force Public Affairs Alumni Association
Attn: Membership Committee
P.O. Box 447
Locust Grove, VA 22508-0447

To learn more about AFPAAA Membership go to: <http://www.afpaaa.org/membership.html>