

COMMEMORATIVE AIR FORCE P.O. Box 62000, Midland, TX 79711-2000 (432) 563-1000 ♣ Fax (432) 563-8046 www.commemorativeairforce.org

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Se	erial No	

APPLICATION FOR COMMISSION ACTIVE U.S. MILITARY, GUARD AND RESERVE

Name		
Mailing Address		
Country		
Phone	Email	
Date of Birth Mar	ried? 🛘 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 belief, and are made in good faith. COMMEMORATIVE AIR FORCE	I will give my full support to the	
	Applicants Signature	
Please remit a total of \$100 with discounted rate of \$100. This states	th this application. Annual dues a special offer is for new members	•
	clude \$18 for a one-year subscription t ere. (Membership dues will remain \$16	
MasterCard/VISA/Discover/Ameri	ican Express	Exp
(Circle one)	Signature	
♦ I would be interested in forming	g a CAF Unit. Tell me more. 🖵	