

HONORING AMERICAN MILITARY AVIATION



COMMEMORATIVE
AIR FORCE

P.O. Box 764769 Dallas, TX 75376
(877) 767-7175
www.CommemorativeAirForce.org

APPLICATION FOR COMMISSION

OFFICE USE ONLY

Recommended by _____

CAF Col

I.D. Number

Unit Credit _____

Member I.D. Number _____

NAME _____
First Last

MAILING ADDRESS _____

(CITY)

(STATE)

(ZIP)

HOME PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ EMAIL _____

(Required to receive *Digital Dispatch*)

PROFESSION _____ COMPANY/TITLE _____

DATE OF BIRTH _____ MARRIED NO YES IF YES, SPOUSE'S NAME _____

List the CAF member who encouraged you to join.

If you were not recruited by a member, list how you heard about the CAF

Do you wish to affiliate with a CAF Unit? If yes, which one? (Supporting Members not eligible for participation)

Print name as you would like it to appear on name tag. (Benefit not available for Supporting Member)

Please complete reverse

2/2017

Colonel Membership

\$200 Per Year (Ages 18 & Up)

- \$200 is enclosed
- Charge my credit card \$200
- \$19 Bank draft (U.S. Only). Please remit \$19 with this form. A bank draft form will be sent to you for Completion.

Active U.S. Military

\$100 Per Year—for length of ACTIVE Service

- \$100 is enclosed
- Charge my credit card \$100

Preservation Colonel Membership

\$300 Per Year

- \$300 is enclosed
- Charge my credit card \$300

Life Membership

\$2,400 one time payment

- \$2,400 is enclosed
- Charge my credit card \$2,400

Deferred Life Membership

- \$200 is enclosed and I will remit \$200 monthly for 11 months
- Charge my credit card \$200 monthly for 12

Annual Colonel and Life membership include a 1-year subscription to *Dispatch* magazine.

- If you do NOT wish to receive *Dispatch* please check here.
- I want to receive *Dispatch* via regular mail*
- I want to receive *Digital Dispatch** (*Digital Dispatch* is sent via email and includes additional links and information)

**Members who reside outside the U.S. will automatically received the Digital Dispatch via email. The printed version can be mailed to international members for an additional donation of \$60 per year. Please contact member services at (877) 767-7175 for more information.*

Cadet Membership

\$45 per year

- \$45 is enclosed
- Charge my credit card \$45

Supporting Membership

\$75 per year

- \$75 is enclosed
- Charge my credit card \$75

T-Shirt Size: Check one

Small Medium Large Extra Large

Auto Renew

The CAF offers Auto Renew for Colonels and Preservation Colonels. Let us worry about when your membership expires while you get out and enjoy getting your hands on history! If you would like us to charge your credit card automatically to renew your annual dues, check here.

MasterCard/Visa/Discover/American Express # _____

Expiration Date _____

Billing Zip Code _____

The COMMEMORATIVE AIR FORCE is a self-supporting, all-volunteer organization. It is non-profit, tax-exempt and incorporated under the laws of the State of Texas for charitable and educational purposes. You do not need to be a pilot or military veteran to become a member of the CAF. Colonels must be 18 years of age or older. Cadets must be ages 12 – 23.

Applicant's Signature _____ Date _____



COMMEMORATIVE AIR FORCE ROCKY MOUNTAIN WING MEMBERSHIP APPLICATION

Name _____ Spouse Name _____
First Last

Address _____
Street City State ZIP

Home Phone _____ Work _____ Cell _____

E-Mail _____

BirthDay _____ Occupation _____ Member Sponsor _____
Not Published

Military Service _____
Branch

Pilot _____ Certificate No. _____ Std _____ Pvt _____ Coml _____ ATP _____
YIN

Aircraft Types

Aviation Mechanic _____ Certificate No. _____ A&P _____ IA _____
YIN

NOTE: It is not necessary to be a pilot, mechanic or member of the military services, current or former, to be a member of the CAF or Rocky Mountain Wing. Membership is available to all persons over the age of 18.

If already a CAF Colonel please- note Col. Number _____ Life No. _____

NOTE: National CAF membership is required to be a member of any local unit, See separate CAF Application for Commission.

Annual RMW dues are \$50. Make check payable to; Rocky Mountain Wing, CAF and mail to P.O. Box 4125, Grand Junction CO 81502

Signature _____

Date _____

Check No. _____

Comments / Questions _____

