

TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION

Please mark the method (mailing address OR email address) you prefer for TAI to contact you with a X or checkmark.

PLEASE PRINT
LEGIBLY

 NEW

 RENEWAL

 RECORD UPDATE/TRANSFER

Date: _____

Title/Rank	First Name	MI	Last Name	Jr., Sr., etc.
Address Line 1		Notify/Contact me at this address <input type="checkbox"/>	Address Line 2	
City		State (Country)	Zip Code + Four (Post Code)	

Home Phone () ()	Office/Work Phone () ()	Fax Phone () ()	Cell/Mobile Phone/Other () ()
E-Mail Address			Notify/Contact me at this address <input type="checkbox"/>

<input type="checkbox"/> Officer (O1-O3)	<input type="checkbox"/> Air Force	<input type="checkbox"/> Active Duty
<input type="checkbox"/> Officer (O4-Above)	<input type="checkbox"/> Army	<input type="checkbox"/> Nat'l Guard
<input type="checkbox"/> Enlisted	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Reserve
<input type="checkbox"/> Civil Svc	<input type="checkbox"/> Marines	<input type="checkbox"/> Separated
<input type="checkbox"/> No Mil/ Civil Svc	<input type="checkbox"/> Navy	<input type="checkbox"/> Retired

Highest Rank Held
Mil/Civ Pay Grade
Years of Svc

OTHER MEMBERSHIPS		
<input type="checkbox"/> OBAP	<input type="checkbox"/> AFCOMAP	<input type="checkbox"/> NAACP
<input type="checkbox"/> BPA	<input type="checkbox"/> ROCKS	<input type="checkbox"/> LINKS
<input type="checkbox"/> BCAF	<input type="checkbox"/> NNOA	_____
<input type="checkbox"/> NSBE	<input type="checkbox"/> MPMA	_____

I agree to abide by the Constitution and Bylaws of the Chapter and of Tuskegee Airmen, Inc. (TAI), and I authorize TAI to use my personal information to conduct background checks in conjunction with my participation in youth activities, as required.

Print Full Name
Signature

MEMBERSHIP CLASS

<input type="checkbox"/> Regular (R)
<input type="checkbox"/> Student (S)
<input type="checkbox"/> Organization (O)
<input type="checkbox"/> Honorary (H)
<input type="checkbox"/> Life (L)

MEMBERSHIP CATEGORY

<input type="checkbox"/>	Assigned to Tuskegee Army Air Corps Program; unit at Tuskegee Army Air Field; or unit growing out of Tuskegee Experience, from Jan 1941 through Sept 1949. (Experience - TE)
<input type="checkbox"/>	Is spouse or descendent of a Experience Category (TE) member. (Heritage - TH)
<input type="checkbox"/>	Is a member of Tuskegee Airmen, Inc. in category other than TE/TH. (Associate - TA)

FOR CHAPTER USE

Chapter Name: _____		
Official Chapter Address _____		

<input type="checkbox"/> Eastern	<input type="checkbox"/> Central	<input type="checkbox"/> Western
Date Received _____		
Amt Received Chptr \$ _____ Nat'l \$ _____		
Received by (Signature) _____		

For Renewals, Chapter Fill-In TAI Number >

FOR NATIONAL USE

National Office Processing	
<input type="checkbox"/>	Date Received _____
<input type="checkbox"/>	Amt Received \$ _____
<input type="checkbox"/>	Received by (Signature) _____
Membership Processing	
<input type="checkbox"/>	Date Received _____
<input type="checkbox"/>	Tuskegee Airmen Identification Number _____
<input type="checkbox"/>	Date Fwd to Mbr _____

TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION INSTRUCTIONS

Application Action: Place "X" in appropriate box(es) to identify purpose of application:

New: First-time applicant (or previous member with more than 1-year lapse in financial membership).

Renewal: Current financial member submitting application for next membership year.

Record Update/Transfer: Submitted for change of member information (name, address, phone, status/rank, etc.).

Date: Complete as appropriate.

Title/Rank: Title (Mr., Mrs, Ms., Dr., etc.) or Military Rank, if Active Duty/Guard/Reserve (Amn, Sgt, Capt, etc).

First Name/Middle Initial (MI)/Last Name: Self explanatory.

Address Line 1/Address Line 2: Self explanatory.

Place "X" in the appropriate box to designate one of these addresses as primary method of notifications from TAI National.

City (Base/APO/FPO) / State (Country) / Zip Code+Four (Post Code): Complete as appropriate.

Home/Office/Fax/Cell Phone: Complete as appropriate.

E-Mail Address: Complete as appropriate.

Place "X" in the appropriate box to designate this address as primary method of notifications from TAI National.

Military/Civilian Status: Place "X" in appropriate boxes to identify current status:

Designation/Classification: Officer/Enlisted/Civil Service/No Military or Civil Service

Branch of Service: Air Force/Army/Coast Guard/Marines/Navy

Status: Active Duty/Guard/Reserve/Separated/Retired

Highest Rank Held: Current (or if separated/retired, highest) military rank held (Amn, SFC, CWO2, Capt, etc.).

Military/Civilian Pay Grade: Current (if separated/retired, highest) pay grade (E-1, O-3, GS-9, etc.) in military or civil service.

Years of Service: Self-explanatory.

Other Memberships. Place "X" in box(es) to identify membership in other listed organizations:

OBAP – Organization of Black Aerospace Professionals

IBAC – International Black Aerospace Council

BCAF - Bessie Coleman Aerospace Foundation

BPA – Black Pilots of America

AFCOMAP – AF Cadet Officer Mentor Action Program

NAACP - National Assoc for the Advancement of Colored People

OTHER [i.e., AF Sergeants Assoc. (**AFSA**), Non-Commissioned Officer Assoc. (**NCOA**), etc.)

ROCKS – The ROCKS, INC.

NNOA – National Naval Officers Association

MPMA –Montford Point Marine Association

LINKS - The Links, Inc.

NSBE - National Society of Black Engineers

Print Full Name/Signature: Applicant signs confirming intent to abide by Chapter and National directives

(Constitution/Bylaws) and provides authorization for use of personal information for backgrounds, as required. If signing for Organizational membership, they confirm their authority to enter into agreement on behalf of applicant organization.

Membership Class: Place "X" in appropriate box to identify/assign membership class.

Regular: Any applicant willing to work toward achievement of goals, objectives and purpose of TAI.

Student: (Formerly Youth) Applicant who is full-time student and under age of 25 interested in Tuskegee Experience.

Organization: Non or for-profit organization interesting in promoting, sponsoring or supporting objectives of TAI.

Honorary: Applicant previously approved for Honorary membership by TAI Board of Directors.

Life: Applicant who has been accepted and paid full fee (\$750.00) for National Life Membership.

Membership Category: Place "X" in appropriate box to identify/assign membership category.

Experience: Applicant assigned to Tuskegee Program, unit at TAAF, or resulting unit during Jan 1941 thru Sep 1949.

Heritage: Applicant is spouse or descendant of individual confirmed and assigned to/eligible for Experience category.

Associate: Applicant requesting membership and not eligible for inclusion in Experience or Heritage category.

CHAPTER USE

Chapter Name/Chapter Address: Self-Explanatory.

Region: Place "X" in appropriate box to identify assigned region of chapter.

Date Received: Complete with date application (and dues) received.

Amount Received: Complete with amount paid for chapter dues and National per capita dues (as applicable).

Received by: Chapter official signs certifying receipt of application (and dues).

NATIONAL USE

National Office Processing

Date Received: Complete with date application (and dues) received.

Amount Received: Complete with amount paid for chapter dues and National per capita dues (as applicable).

Received by: Chapter official signs certifying receipt of application (and dues).

Membership Processing

Date Received: Complete with date application (and dues, as applicable) received.

Tuskegee Airmen Identification Number (TAIN): Complete on initial assignment (Entered by Chapter for renewals).

Date Forwarded to Member: Date processing completed and document(s) sent to member.

*** TAI does not provide member information or email addresses to any external organization without prior consent ***