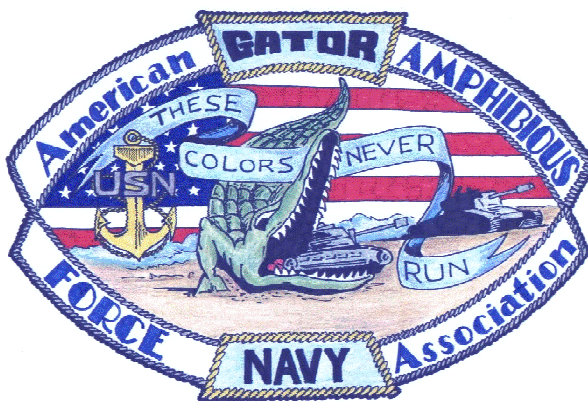


AAFA



NEW MEMBERSHIP APPLICATION

NAME: _____

SPOUSE/GUEST: _____

Address: _____

Phone: (H) _____ **(C)** _____

Email: _____

Service: **USN USMC USAF USA USCG**

Ship(s)/Hull#(s) _____

Dates of Service: _____ **Rank/Rate** _____

MEMBERSHIP DUES PER PERSON \$20.00 ANNUALLY

(Spouses that pay due may vote at annual meeting)

Dues waived for WWII Veterans

Total Amount Enclosed: \$ _____

Make Checks Payable to AAFA & Mail to:

RONNIE KITTS
385 WINDCHASE DRIVE
MUNFORD, TN 38058