



APPLICATION FOR MEMBERSHIP
Delaware Valley Wing
Of the
COMMEMORATIVE AIR FORCE

For Internal Use Only
Recommended by _____
Colonel number _____
Application Received Date_ - - - - -
Application Processed Date _____

Please legibly print all entries.

Name_ _____

Already a CAF Member enter Col # _____

First name you would like to be called by _____

Street address _____

City/ State/ Zip Code _____

Home phone _____ Work phone _____

Cell phone Fax _____

Email address _____

Preferred method by which we would contact you _____

Occupation_ _____ Title _____

Birthdate _____

If married, name of spouse _____

Please indicate if you are a:

CAF sponsor, aircraft & number(s) _____

Aircraft owner, type and N number _____

Pilot

Pilot rating: Private Inst. SEL SMEL ATP CFI CFII CAF

Technician

Technical Rating: A&P A P IA Radio

If any of the above are checked, please enter the license number & class and call-sign

Check here to receive the monthly newsletter, via email. You will receive it much faster, with better quality, and in color. It is in the Adobe format and printable.

What would you like to do for the Delaware Valley Wing?

Please select any of the following options by entering the number of preference in the parentheses.

- () Flying a Delaware Wing Aircraft. (Must meet all requirements)
- () Aircraft Maintenance (You need not be licensed)
- () Aircraft Restoration (You need not be licensed)
- () Ground Equipment Maintenance
- () Facilities Maintenance
- () Facilities Custodial Duties & Grounds Keeping
- () **PX** Sales and / or Driving the Truck
- () Aircraft Rides Sales
- () Marketing
- () Finance
- () Newsletter Affiliated
- () Recruiting
- () Fund Raising
- () Monetary Support Only
- () Working Airshows (Taking tickets, set up and tear down, security, etc)

These are just the most common areas in which you can help The Delaware Valley Wing. It is important that you let us know where your areas of expertise or desire lie so that we can get you in a job that you are happy and productive in. If there is something you would like to do that is not listed above, please enter it below.

Please tell us where you heard about the Commemorative Air Force and the Delaware Valley Wing:

- () Brochure from another venue.
- () Website
- () Newspaper article.
- () Radio
- () Television
- () From a friend or CAF Member.
- () Another event you saw us at _____

Wing dues are \$ **45.00** per year, payable on January 1st of each year. Your initial payment should be for \$3.75 for each full remaining month of the year. You may pay by a check made out to The Delaware Valley Wing -CAF or by credit card. **Please do not combine this remittance with your CAF National dues.** Or online on our website at : www.cafdvw.com

VISA (), MasterCard (), American Express (), or Discover Card ()
Card Number _____ Expiration Date _____

Your Signature _____ Date _____

Please send this and any other applications to:

Commerative Air Force - Delaware Valley Wing
P.O Box 593
Saddle Brook, New Jersey 07663

The CAF is a tax-exempt organization under the provisions of IRS TAX Code 501, c, 3.

*** It is necessary to be a member in good standing of the Commemorative Air Force to be a member of this Wing. If you are not a CAF member, please send this application and your CAF Application for Membership to the above address.**