

AAFA



MEMBERSHIP / RENEWAL APPLICATION FOR **2026**

NAME: _____

SPOUSE/GUEST: _____

Renewal: _____ **New Member(s):** _____

Address: _____

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

Email: _____

Service: **USN** **USMC** **USAF/SF** **USA** **USCG**

Ship(s)/Hull#(s) _____

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

MEMBERSHIP DUES PER PERSON \$20.00 ANNUALLY

Dues waivered for WWII Veterans / Current Active Duty

Total Amount Enclosed: \$ _____

Make Checks Payable to AAFA & Mail to:

**RONNIE KITTS
385 WINDCHASE DRIVE
MUNFORD, TN 38058**