



Membership Application Air Force Officers' Spouses' Club Of Washington D.C.

Email: membership@afoscdc.com

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Email _____

Birthday _____ Spouse Name and Rank _____
Circle One (Air Force, Army, Navy, Marines, Coast Guard)

I am: _____ a new AFOSC member
 _____ a returning AFOSC member from last year
 _____ an honorary member
 _____ Arlington Committee 20+yrs
 _____ President of Sister Service Club in D.C.

I am: _____ an International Spouse
 _____ Defense Attaché
 _____ Assistant Defense Attaché
 _____ Air Attaché
 _____ Assistant Air Attaché
 _____ Foreign Military Officer assigned to D.C.

For Associate Membership. I am:
 _____ a spouse of active duty or retired Air Force officer, NOT assigned or living in the D.C. area
 _____ a spouse of active, retired, or deceased officer of the Army/Reserve, Army National Guard, Navy/Reserve, US Marine Corps/Reserve, US Coast Guard/Reserve.
 _____ a spouse of a civilian, rank GS-9 or above, employed by the USAF in Washington, DC area
 _____ a dependent adult relative residing with an active AF officer

From: Country _____ **Rank** _____

For Active Membership, assigned to/residing in the D.C. metro area.

My spouse is:
 _____ an active duty Air Force Officer
 _____ retired Air Force Officer/yr retired? _____
 _____ a deceased Air Force Officer
 _____ an AF Reserve or Air National Guard Officer
 _____ I am an active duty officer, any branch of service

I am interested in being more involved. Please contact me about:

_____ Serving on the Board of Governors as the chair or co-chair of a Standing Committee i.e. Reservations, Membership, Programs, Newsletter.

_____ **Volunteering** (please check areas of interest)

_____ Arlington Committee	_____ Charity Ball
_____ Thrift Shop	_____ JAFOWL
_____ Scholarships	_____ International Spouses
_____ Service Projects	_____ Back up Help (monthly functions)

With my signature, I give permission for all of my above information to be printed in the AFOSC directory.

Please check here if you DO NOT want any of your information in the directory _____.

Please indicate if you prefer the yearly DIRECTORY via _____ Hardcopy (\$5.00 fee) or _____ Email

Signature _____ Date _____

Annual membership dues are **\$45**. A fee of \$5.00 is due for a hard copy of the yearly directory. Bring this form with cash or a check made out to AFOSC to the Membership table at an AFOSC function or mail to: AFOSC Membership Chair, PO Box 8490, Washington, DC 20032

Revised Aug 2018

For Office Use:

_____ Welcome _____ PROTOCOLL _____ Name Tag _____ Directory _____ Date Payment Rcvd _____ Cash/Check#