

## AF Club Membership Program Application

### 1. PERSONAL INFORMATION

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

DoD ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *Format: MM/DD/YYYY (Must be 18 years or older)*

*Please provide a physical street address if living outside of a US military installation.*

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*Format: 8885551212 (If overseas-0118233336611234)*

*( If home phone not available, enter work phone# in both fields)*

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. SERVICE INFORMATION

Grade / Rank: \_\_\_\_\_

Squadron: \_\_\_\_\_

Member Type: \_\_\_\_\_

*Ex. Active Duty, Civilian, Mil Ret, Civ Ret, Contractor, Widow*

**3. CLUB INFORMATION (For Club Office to fill out)**

Installation Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

Join Date: \_\_\_\_\_

Begin Date: \_\_\_\_\_

Monthly Dues Amount: \_\_\_\_\_

Approved for membership by: \_\_\_\_\_ (printed)

\_\_\_\_\_ (signed)

*Approval by Club Manager or designated POC*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Scan completed Application and E-mail to [Web.Clubs-Operations@us.af.mil](mailto:Web.Clubs-Operations@us.af.mil)*