

Honoring American Military Aviation



Commemorative Air Force

APPLICATION FOR COMMISSION

P.O. Box 764769

Dallas, TX 75376

(432)563-1000 Fax (432)563-8046

Toll Free (877)767-7175

www.commemorativeairforce.org

www.airsho.org

Name					
Mailing Address					
City, State, Zip					
Home Phone		Business Phone			
Cell Phone		Email		(Required to receive Digital Dispatch)	
Profession		Company-Title			
If Retired, past Profession		Company			
Date of Birth (Required for Cadet Membership)		Married		<input type="checkbox"/> YES <input type="checkbox"/> NO if Yes, Spouse's Name	
List the CAF member who encouraged you to join					
If you were not recruited by a member, list how you heard about the CAF					
Do you wish to affiliate with a CAF Unit? If yes, which one?		3rd Coast Squadron, Aransas Pass, TX (Supporting Members not eligible for participation)			
Name Tag: Please print your Name as you would like it to appear on your name tag (Benefit not available for Supporting Members)					