



**AIR AMERICA  
FOUNDATION**

**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:

Current address:

Mailing address (if different):

City:	State:	ZIP Code:
Home Phone:	Cell:	Birthday:

Email Address – required:

Membership Level Desired:

Do you wish to volunteer with the C123 restoration crew?

Skill set(s) possessed:

Days / Hours available:

**SPOUSE INFORMATION IF JOINT MEMBERSHIP - ADDITIONAL MEMBERS \$10.00 EA**

Name:

Birthday		
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**CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED - ADDITIONAL MEMBERS \$5.00 EA**

Name	Name
Name	Name

**CURRENT AAF MEMBERS YOU KNOW**

Name (s)		

**OTHER INFORMATION WE SHOULD KNOW**

**EMERGENCY CONTACT (RESTORATION VOLUNTEERS ONLY)**

Name of a relative not residing with you:

Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

I hereby provide the above information on this form for my membership with the Air America Foundation. I authorize Air America Foundation to use my email address and phone to keep me apprised of events and information. I understand the Air America Foundation will never sell or use my email address or other information for any reason other than foundation business.

Signature of applicant:	Date:
Signature of spouse <i>(only for a joint membership):</i>	Date: