

DIVISION 6 SUMMIT

SPECIAL MEMBERSHIP CAMPAIGN

YOUR CHOICE - NEW MEMBERS OR RENEWALS



**AFSA
Member
for Life
Investment...
\$400**

All Ranks/All Types
**1 YEAR
INVESTMENT
\$30**

**1 Year
All Ranks/
All Types
only... \$30**

E1 E2 E3 E4
**2 YEAR
INVESTMENT
\$50**

**E1-E4
2 Year
Membership
only... \$50**



**AFSA General Membership
All Ranks/All Types
3 Year Investment for \$75**

APPLICATION & PAYMENT FORM | SPECIAL OFFER VALID MARCH 11, 2024 THROUGH APRIL 11, 2024

All membership information will be sent or emailed to you via the information as submitted below.

First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Spouse Name _____

Mailing address _____

City/State/Zip _____

Personal Email Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Membership ID# (for renewals) _____

Rank _____ Last Assignment _____ DEROS/Expected Graduation Date (month/year) _____

_____ I AM A WAR VETERAN Dates: _____

Membership Type: ___ UNIFORMED ___ FAMILY ___ ASSOCIATE

INVESTMENT OF YOUR CHOICE (select one):

Uniformed Services: ___ USA ___ USMC ___ USN ___ USCG

MEMBER FOR LIFE . . . \$400 (24DIV6MFL)

___ USAF ___ USPHS ___ NOAA ___ USSF _____ OTHER

General - 1 Year Investment . . . \$30 (24DIV61YR)

Military Component: ___ Active Duty ___ Guard ___ Reserve

E1/4 - 2 Year Investment . . . \$50 (24DIV6E12YR)

Status: ___ Active ___ Retired ___ Veteran

General - 3 Year Investment . . . \$75 (24DIV63YR)

Recruiter/Retainer Name/# _____ Assign to Chapter _____

PAYMENT METHOD

Please do NOT send checks drawn on foreign banks, or send cash by mail. Overpayments will be applied to the Airmen Memorial Building Fund

PAYMENT INFO: Check # _____ Money Order Credit Card: Visa Mastercard AmEx Discover

Total amount to be billed: \$ _____

Name as it appears on your Credit Card _____

Address _____ City/State/Zip _____

Credit Card # _____ Exp Date ____/____ Security Code _____

Signature _____ Date _____

PAID _____ HQSTAFF _____