

## MEMBERSHIP AND RENEWAL APPLICATION COMMEMORATIVE AIR FORCE JAYHAWK WING



www.cafjayhawks.org - cafjayhawks@gmail.com

Please complete this form which will become part of your squadron 201 file. When completed, please mail to: **CAF Jayhawk Wing, 2560 S. Kessler, Wichita, KS 67217.** 

Please enclose a check for wing dues for \$50.00 made payable to CAF Jayhawk Wing. (Dues cover a calendar year period and will be pro-rated for periods of less then a calendar year as outlined below.)

FULL NAME:FIRST	MIDDLE	LAST	NICK NAME
DATE OF BIRTH:/	E-Mail		
MARRIED: SPOUSES	S'S NAME:		
			ZIP:
MAILING ADDRESS [If differ	ent than residence]:		
CITY:		STATE:	ZIP:
TELEPHONE [Home]:	[WOF	RK]:	[CELL]:
BUSINESS/PROFESSION/EM	PLOYMENT:		
CAF SERIAL NO:	CAF L	JFE NO:	[both must be supplied]
LIST AIRCRAFT YOU HAVE	SPONSORED:		
LIST ANY AVIATION RELA	ΓED LICENSES OR F	RATINGS YOU HOL	D [Pilot, A&P, Etc.]
TYPES OF AIRCRAFT FLOW	'N:		
TOTAL FLYING TIME:	OWN A PLANE?	WHAT TYPE:_	
N#	YEAR: SPI	ECIAL FEATURES:_	
I certify that all information	given above is true a	and correct to the beau	st of my knowledge.
SIGNATURE:			
Dues are as follows: <u>WING</u>			
If you join between Jul	before January 1. hawk Wing betweer	n January 1 and June 1 <sup>st</sup> , then your dues a	e 30, your dues are \$50.00. re \$25.00.
CAF Jayhawk Wing Membe	r:		Date: