



**AIR AMERICA  
FOUNDATION**

MEMBERSHIP APPLICATION		
<b>APPLICANT INFORMATION</b>		
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:		
<b>SPOUSE INFORMATION IF JOINT MEMBERSHIP - ADDITIONAL MEMBERS \$10.00 EA</b>		
Name:		
Birthday		
<b>CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED - ADDITIONAL MEMBERS \$5.00 EA</b>		
Name	Name	
Name	Name	
<b>CURRENT AAF MEMBERS YOU KNOW</b>		
Name (s)		
<b>OTHER INFORMATION WE SHOULD KNOW</b>		
<b>EMERGENCY CONTACT (RESTORATION VOLUNTEERS ONLY)</b>		
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: