



**Air Force Recruiting Alumni Association**  
**Membership Application**

**Name** \_\_\_\_\_  
(Last, First )

**Address** \_\_\_\_\_  
(# Street, Apt.)  
\_\_\_\_\_  
(City, State, Zip)

**Telephone: Home** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email** \_\_\_\_\_ @ \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Would you like your information posted online for other members to view?**

**YES**      **NO**      (Circle One) If yes, a username and password will be emailed to you.

**Date:** \_\_\_\_\_

**Mail completed form with a check for \$25 to:**

**AFRAA  
PO BOX 443  
UNIVERSAL CITY, TX 78148**