

N.E.O.A.F.A.P.A. Membership Form 2015-2016

Last Name: _____

First Name: _____ Spouse First Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

E-Mail: _____ Cell Phone: _____

Spouse E-Mail: _____ Cell Phone: _____

Cadet Name: _____ USAFA Class of: _____

Cadet Date of Birth: _____ USAFA P.O. Box: _____

Cadet Squadron: _____ USAFA E-Mail: _____

Order Form - Dues & Badges

____ New Membership 1-Year (includes 2 name badges) 40.00

____ New Membership 4-Year (includes 2 name badges) 145.00

____ Renewal Membership 1-Year 40.00

____ Alumni Membership Lifetime (one time fee) 25.00

____ Replacement Badges 12.00 each

Badge Order: Name as you would like it to appear on your badge.

Mail Completed Form and check payable to NEOAFAPA to:

Rob and Susan Johnson Treasurers NEOAFAPA
592 Parkside Drive
Avon Lake, Ohio, 44012