

# NEOAFAPA Membership Form 2019-2020

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 PO Box: \_\_\_\_\_

Cadet Squadron: \_\_\_\_\_ USAFA E-Mail: \_\_\_\_\_

## Order Form - Dues & Badges

\_\_\_\_ New Membership 4-Year (includes 2 name badges) \$145.00

\_\_\_\_ New Membership 1-Year (includes 2 name badges) \$40.00

\_\_\_\_ Renewal Membership 1-Year \$40.00

\_\_\_\_ Alumni Membership Lifetime (one-time fee) \$25.00

\_\_\_\_ Replacement Name Badges \$12.00 each

Badge Order: Name(s) as you would like it to appear on your badge(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Completed Form and check payable to "NEOAFAPA" to:

Vince Capocci, Treasurer NEOAFAPA  
304 Fenchurch Circle NE  
North Canton, OH 44720