

NEOAFAPA Membership Form 2020-2021

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:

Charity Thomas
629 Van Oaks Dr.
Amherst, OH 44001