

PLEASE PRINT ALL INFORMATION LEGIBLY

2008 MEMBERSHIP RENEWAL FORM

USE THIS FORM ONLY FOR RENEWALS

Send completed application with dues payment of \$20 to (make check payable to: USAF MSC Association):

USAF MSC Association, Inc.
860 Oak Hills Dr.
Monument, Co 80132-8829
(phone:1-866-818-2110 email: afmscassociation@comcast.net)

Name: _____

Current Rank: : _____ **Spouse's Name:** _____

Address: _____

City, State, Zip: _____

If you are using an APO or FPO, please indicate:

What city is this for: _____ **What country:** _____

Phone: (____) _____

Email address: _____

Declaration: I **(agree)** **(do not agree)** to my name, address, phone number, spouse's name and email address being released to other members of the USAF MSC Association.

Signature _____ Date _____

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