

Air Force Officers' Wives' Club

MEMBERSHIP APPLICATION

The AFOWC year runs from 1 June 2009 - 31 May 2010

Yearly dues are **\$40.00**, paid either by:

Check (payable to: AFOWC), or

Cash - payable only at an AFOWC function

Dues cannot be charged.

Please complete this application **IN ITS ENTIRETY** and mail, along with dues payment, to:

Pat Johnson
5539 Jowett Court
Alexandria, VA 22315
(703) 417-9009, membership@afowc.com

“PROTOCOLL” is the AFOWC monthly newsletter.

I would like to receive this by mail, or electronically. – E-mail address: _____

PLEASE PRINT ONLY THE INFORMATION YOU WANT LISTED IN THE AFOWC ROSTER.

Last Name First Name Middle Initial

Street Address

City State Zip Code

Home Phone Number Cell Phone Number

E-mail address

Spouse's Full Name & Rank

Spouse's Office Symbol

FOR OFFICE USE ONLY

Check # _____

Date Rcv'd _____

PLEASE READ CAREFULLY AND CHECK OPTION WHICH APPLIES TO YOU.

- ____ **Active Member:** Spouse of:
____ Active Duty Air Force Officer.
____ Retired Air Force Officer
____ Deceased Air Force Officer.

- ____ **Associate Member:**
____ Commissioned Woman in the Air Force.
____ Spouse of officer (active, retired, or deceased)
of US Army, Navy, Marine Corps, Coast Guard,
AF Reserve, Air National Guard, National Guard.
____ Spouse of Civilian, rank GS-9 or above, employed
by the USAF in the Washington, DC area.
____ Dependent female adult relative residing with
Air Force Officer.
____ Membership by Invitation.

Please list your occupation, special talents or other interests _____

PRESS RELEASE

I give AFOWC permission to use my picture in the PROTOCOLL Newsletter.

Signature _____ Date _____