



**UNITED STATES AIR FORCE ACADEMY
Georgia Parents' Club, Inc.
A 501c3 Non-profit Organization**

MEMBERSHIP APPLICATION FORM

Cadet Name: _____ **Class Year:** _____
(Last Name) (First Name) (Middle Name)

Last Name: _____ Mom: _____ Dad: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

Email: _____ **Note - email is our primary contact method*

Additional Email(s): _____
(The above information is very useful when sending the Exam Goodies, Pizza Coupons, Cards, etc.)

Cadet's Squadron # _____ Cadet's P.O. Box _____ Cadet's Birthday _____

AFA Sport, Club or Activity _____

MEMBERSHIP - *Membership term is concurrent with class year, June thru May*

[] \$160 Four year Membership

4 year – Check No. _____ Amount Paid \$ _____ Date Paid _____

[] \$50 One year membership

C4C year – Check No. _____ Amount Paid \$ _____ Date Paid _____

C3C year – Check No. _____ Amount Paid \$ _____ Date Paid _____

C2C year – Check No. _____ Amount Paid \$ _____ Date Paid _____

C1C year – Check No. _____ Amount Paid \$ _____ Date Paid _____

Please complete this form and mail with your check **payable to USAFAGAPC** to:

Barbara Greenway - USAFAGAPC
110 Cottonmill Court
Fayetteville, GA 30215
770-460-8067

Website: <http://www.usafaga.org>
Mail address: usafagapc@yahoo.com
Barbara's email: jpg767@bellsouth.net

This gives us the opportunity to confirm that we have your most current contact information. Please fill out all information on form for confirmation, especially the e-mail contacts. Thank you!