

TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION

PLEASE PRINT LEGIBLY

NEW
 RENEWAL
 RECORD CHANGE

Date: _____

Title/Rank	First Name	MI	Last Name	Jr., Sr., etc.
Address Line 1			Address Line 2	
City		State (Country)	Zip Code + Four (Post Code)	

Home Phone ()	Office/Work Phone ()	Fax Phone ()	Cell/Mobile Phone/Other ()
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E-Mail Address 1	E-Mail Address 2
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TAI does not provide member's e-mail addresses to any external organizations without prior consent.

<input type="checkbox"/> Officer (O1-O3)	<input type="checkbox"/> Air Force	<input type="checkbox"/> Active Duty
<input type="checkbox"/> Officer (O4-Above)	<input type="checkbox"/> Army	<input type="checkbox"/> Nat'l Guard
<input type="checkbox"/> Enlisted	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Reserve
<input type="checkbox"/> Civil Svc	<input type="checkbox"/> Marines	<input type="checkbox"/> Separated
<input type="checkbox"/> No Mil/Civil Svc	<input type="checkbox"/> Navy	<input type="checkbox"/> Retired

Highest Rank Held

Mil/Civ Pay Grade

Years of Svc

OTHER MEMBERSHIPS

<input type="checkbox"/> OBAP	<input type="checkbox"/> AFCOMAP	<input type="checkbox"/> LINKS
<input type="checkbox"/> IBAC	<input type="checkbox"/> ROCKS	<input type="checkbox"/> OTHER
<input type="checkbox"/> NAI	<input type="checkbox"/> NNOA	<input type="checkbox"/> _____
<input type="checkbox"/> BPA	<input type="checkbox"/> MPMA	<input type="checkbox"/> _____

I agree to abide by the Constitution and Bylaws of the Chapter and of Tuskegee Airmen, Inc. (TAI)

Signature

Sponsor

Signature

MEMBERSHIP CLASS

Regular (R)
 Student (S)
 Organization (O)
 Honorary (H)
 Life (L)

MEMBERSHIP CATEGORY

Was assigned to Tuskegee Institute Army Air Corps Program; unit at Tuskegee Army Air Field; or unit growing out of Tuskegee Experience, during period from Jan 1941 through Sept 1949. (Experience - TE)
 Is spouse or descendent of a member. (Heritage - TH)
 Is a member of Tuskegee Airmen, Inc. in category other than TE/TH. (Associate - TA)

SEE INSTRUCTIONS ON REVERSE

FOR CHAPTER USE

Chapter Name: _____

Chapter address for shipment of membership cards _____

Eastern
 Central
 Western

Date Received _____

Amt Received Chptr \$ _____ Nat'l \$ _____

Received by (Signature) _____

FOR NATIONAL USE

Membership/Financial Secretary Processing

Date Received _____

Amt Received \$ _____

Received by (Signature) _____

Tuskegee Airmen Identification Number (TAIN)

_____ - _____ - _____

Date Mbr Card Fwd _____

Chptr Fill-In for Renewal >