

Membership Application



COMMEMORATIVE AIR FORCE®

Personal Information

Legal Name:					
Preferred Name:					
CAF Colonel Number:					
Street Address:					
City:		State:		Zip Code:	
Phone Number:					
Email Address:					
Company:					
Occupation:					
Prior Occupation (if retired):					

Aviation Interests

Aircraft Owner?	Type: Tail Number:				
Rating:	Pilot: Technician:				
License Number:		Class:			
Call Sign:					
Buckeye Wing Interests: (check all applicable)	Flying a wing aircraft† Facilities maintenance Finance Monetary support	Aircraft maintenance PX sales Newsletter Airshow volunteer	Aircraft restoration Aircraft ride sales Recruiting Wing leadership	Ground equipment maint. Marketing Fund raising	

How did you hear about the Buckeye Wing?	
--	--

Wing Membership

Buckeye Wing dues* are \$48 per year payable on January 1st of each year. Your initial membership payment is prorated at \$4 per month for each full month remaining in the year. You may pay your annual dues either by check payable to **Buckeye Wing – CAF** or by credit card.

Card Number:		Exp:		CCV:	
--------------	--	------	--	------	--

Mail your completed membership application and payment to: **Kevin Korterud, PO Box 203, New Albany, OH 43054**

Wing Use Only

Recommended: _____ Received: _____ Processed: _____

*Note: You must be a member in good standing with the Commemorative Air Force to join the Buckeye Wing.
 †Additional requirements apply.
 Commemorative Air Force is a 501(c)(3) organization and donations are tax deductible.