



Coyote Squadron – CAF
Corsicana, TX
Membership Application / Renewal / Update



(You Must Be a CAF Colonel to join the Coyote Squadron)

Coyote Squadron Membership: New: _____ Renewal: _____ Update: _____
 Date: _____

Name: (First, Last): _____

CAF National Membership Number: _____ **Birthdate (optional):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (Cell / Text): _____

Phone Number: (Other): _____ Type: _____

E-Mail Address
 (Primary): _____

E-Mail Address
 (Other): _____

CAF Youth Protection Certified? Yes; No Year Certified: _____ (Valid 3 years)

CAF Hold Harmless Form Signed? (Membership Year) Yes; No

Other CAF Squadron Memberships:

Primary: _____

Other: _____, _____, _____

Payment:

[] **\$ 50.00** Coyote Squadron Annual Membership (Jan-Dec)

\$ _____ Total Cash/Check Enclosed

- MAKE CHECK PAYABLE TO: **CAF Coyote Squadron**
- Bring to the next Coyote meeting, or MAIL TO:

Frank DeArmond, Coyote Squadron Finance Officer
2108 Lakeview Landing
Corsicana, TX 75109-9658