

Membership Application

Name (Last, First MI)

Class Year/Number

Current Mailing Address (Street, City, State, Zip Code)

Permanent Mailing Address (Street, City, State, Zip Code)

Employer (Circle One) AR NV AF MC CG OSD DFAS Other:

Rank / Grade

Duty Station

Primary E-mail (AKO or equivalent)

Alternate E-mail

Payment Information

Membership Dues:

Lifetime - \$25

Method of Payment:

Cash

Check:

# / Date

For Office Use Only: Member No.

Recruited by:

Signature

Date (DDMMYYYY)

Membership Application - Receipt

Name (Last, First MI)

Date (DDMMYYYY)

Payment Information

Membership Dues:

Lifetime - \$25

Method of Payment:

Cash

Check:

# / Date

Payment Received by:

Name (Last, First MI), ASDC Officer

Signature

Any questions? Contact VP for Membership at http://www.su-asdc.org