



Membership Application Form

Name: _____

Address: _____

Birthday (DD/MM/YYYY): _____

Home Phone: _____

Cellular: _____

E-mail: _____

By my signature, I confirm that all information on my application form is true and correct.

Signature: _____ Date: _____

IMPORTANT

-For your application to be processed please include a copy of your ID (passport, drivers license or ID Card).

-Application forms should only be delivered to the current AFSC Treasurer.