



AFTAC ALUMNI ASSOCIATION WEST COAST CHAPTER

P.O. Box 3974, Citrus Heights, CA 95611-3974

Email: TOD.Alumni@AFTACWCC.org

Web site: www.AFTACWCC.org



MEMBERSHIP APPLICATION / ROSTER UPDATE

Annual membership fee of \$10.⁰⁰ is due by 01 January each year. Check your mailing label for expiration date. Your last newsletter will be the one following your expiration date. Life memberships are \$75.⁰⁰.

PLEASE PRINT

Name: _____
Last, First MI Last Rank Held Nickname Name of Spouse

Addr: _____
Street, Apt #, etc. City State Zip Code

() - _____
Home Phone Work Phone Email Addr

Active Duty: _____
Branch of Service From: mm/yyyy - To: mm/yyyy Branch of Service From: mm/yyyy - To: mm/yyyy

AFTAC Dates: _____
From: mm/yyyy - To: mm/yyyy From: mm/yyyy - To: mm/yyyy From: mm/yyyy - To: mm/yyyy

Today's Date: ____/____/201____ Dues submitted = \$____.00 for [] Life or [] calendar years 201____-201____

Support Your West Coast Chapter: Please pass a copy of this form to your AFTAC Alumni friends. [From www.AFTACWCC.org]

*Cut here and mail the above form with your check made out to **AFTAC-WCC** to the address in the heading of this form.*

Keep this part for your records:

**AFTAC ALUMNI ASSOCIATION – WEST COAST CHAPTER
Membership Application / Roster Update mailed to
P.O. Box 3974, Citrus Heights, CA 95611-3974**

My Check# _____ made to “**AFTAC-WCC**” in the amount of \$ _____ for (#yrs/Life) _____ Mailed on ____/____/20____

Mailed to: **AFTAC Alumni – WCC, PO Box 3974, Citrus Heights, CA 95611-3974**

I will go to the web site www.AFTACWCC.org “**FORMS**” page and click on “**WCC ROSTER**” in a week or two to verify my roster entry/expiration year.

If I have any questions about my membership or a change in any of my information, including my email address, I will send a message to TOD.Alumni@AFTACWCC.org with my full name and the updates needed to my record.