ACSA - MISSION THAILAND MEMBERSHIP REQUEST

					Date:		
Name:					Badge Number#:		
Post:	Tour of Duty (mm/yyyy) from			to	Agency/Section:		
Preferred Email:	referred Email: V			Work Phone: Mo		bile Phone:	
Family Members:							
Name		Relationship	Age	Age Email and Phone Number			
through ACSA and the cany items purchased ur made will be for my pe	commissary/Empo nder authority of the rsonal use and/or of trds to the use of t	rium is depende his membership use by my imme hese privileges.	nt on my o is not peri diate fami	duty-free privi mitted. In add ly only. I acce	my family members, to purch leges and that the sale, barte ition, I understand that all pu pt full responsibility for the a I I fully understand that mem	er, or gift of urchases ctions of m	
I further understand th revocation of all privile		•		n of my diplor	natic status and will result in	the	
I have read the above a	nd fully understan	d and agree to a	ibide by th	ese rules.			
Signature of Applicant				ACSA Approval			

Revised 07/2020 ACSA Membership Request