



**MEMBERSHIP AND RENEWAL APPLICATION
COMMEMORATIVE AIR FORCE
JAYHAWK WING**



www.cafjayhawks.org – cafjayhawks@gmail.com

Please complete this form which will become part of your squadron 201 file. When completed, please mail to: **CAF Jayhawk Wing, 2560 S. Kessler, Wichita, KS 67217.**

Please enclose a check for wing dues for \$50.00 made payable to CAF Jayhawk Wing.

(Dues cover a calendar year period and will be pro-rated for periods of less than a calendar year as outlined below.)

FULL NAME: _____ (_____)
FIRST MIDDLE LAST NICK NAME

DATE OF BIRTH: ____ / ____ / ____ E-Mail _____

MARRIED: _____ SPOUSES'S NAME: _____

ADDRESS [Residence]: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS [If different than residence]: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE [Home]: _____ [WORK]: _____ [CELL]: _____

BUSINESS/PROFESSION/EMPLOYMENT: _____

CAF SERIAL NO: _____ CAF LIFE NO: _____ [both must be supplied]

LIST AIRCRAFT YOU HAVE SPONSORED: _____

LIST ANY AVIATION RELATED LICENSES OR RATINGS YOU HOLD [Pilot, A&P, Etc.]

TYPES OF AIRCRAFT FLOWN: _____

TOTAL FLYING TIME: _____ OWN A PLANE? ____ WHAT TYPE: _____

N# _____ YEAR: _____ SPECIAL FEATURES: _____

I certify that all information given above is true and correct to the best of my knowledge.

SIGNATURE: _____

Dues are as follows: WING DUES ARE WAVED THE FIRST YEAR IF NEW COLONEL

CAF Jayhawk Wing annual dues are \$50.00 per year. - Due and payable on or before January 1

CASH CHECK # _____ DEPOSIT AMOUNT \$ _____

CAF Jayhawk Wing Member: _____ Date: _____