



**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: John R Haugh ( )  
FIRST MIDDLE LAST NICK NAME

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ E-Mail \_\_\_\_\_

MARRIED: X SPOUSES'S NAME: \_\_\_\_\_

ADDRESS [Residence]: 146 N. Prescott St.

CITY: Wichita STATE: Ks ZIP: 67212

MAILING ADDRESS [If different than residence]: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE [Home]: 316-729-9972 [WORK]: \_\_\_\_\_ [CELL]: 316-737-5831

BUSINESS/PROFESSION/EMPLOYMENT: Retired

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.  
If you join the CAF Jayhawk Wing between January 1 and June 30, your dues are \$50.00.  
If you join between July 1 and December 31<sup>st</sup>, then your dues are \$25.00.

CASH     CHECK # \_\_\_\_\_ DEPOSIT AMOUNT \$ \_\_\_\_\_

CAF Jayhawk Wing Member: \_\_\_\_\_ Date: \_\_\_\_\_