

TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION

PLEASE PRINT LEGIBLY **NEW** **RENEWAL** **RECORD CHANGE** Date: _____

Title/Rank	First Name	MI	Last Name	Jr., Sr., etc.
Address Line 1			Address Line 2	
City		State (Country)		Zip Code + Four (Post Code)
Home Phone		Office/Work Phone		Fax Phone
E-Mail Address 1		E-Mail Address 2		
Cell/Mobile Phone/Other				

TAI does not provide member's e-mail addresses to any external organizations without prior consent.

<input type="checkbox"/> Officer (O1-O3)	<input type="checkbox"/> Air Force	<input type="checkbox"/> Active Duty
<input type="checkbox"/> Officer (O4-Above)	<input type="checkbox"/> Army	<input type="checkbox"/> Nat'l Guard
<input type="checkbox"/> Enlisted	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Separated
<input type="checkbox"/> Civil Svc	<input type="checkbox"/> Marines	<input type="checkbox"/> Reserve
<input type="checkbox"/> No Mil/Civil Svc	<input type="checkbox"/> Navy	<input type="checkbox"/> Retired

Highest Rank Held

OTHER MEMBERSHIPS

Mil/Civ Pay Grade

<input type="checkbox"/> OBAP	<input type="checkbox"/> AFCOMAP	<input type="checkbox"/> LINKS
<input type="checkbox"/> IBAC	<input type="checkbox"/> ROCKS	<input type="checkbox"/> OTHER
<input type="checkbox"/> NAI	<input type="checkbox"/> NNOA	<input type="checkbox"/> _____
<input type="checkbox"/> BPA	<input type="checkbox"/> MPMA	<input type="checkbox"/> _____

Years of Svc

Signature

Signature

I agree to abide by the Constitution and Bylaws of the Chapter and of Tuskegee Airmen, Incorporated (TAI)

MEMERSHP CLASS

- Regular (R)
- Student (S)
- Organization (O)
- Honorary (H)
- Life (L)

Sponsor

- Was assigned to Tuskegee Institute Army Corps Program; unit at Tuskegee Army Air Field; or unit growing out of Tuskegee Experience, during period from Jan 1941 through Sept 1949. (Experience – TE)

MEMBERSHIP CATEGORY

- Is spouse or descendent of a Experience Category (TE) member. (Heritage-TH)
- Is a member of Tuskegee Airmen, Inc. in category other than TE or TH. (Associate-TA)

FOR CHAPTER USE

Chapter Name: _____

Chapter Address for Shipment of membership cards

Eastern Central Western

Date Received _____

Amt Received Chptr \$ _____ Nat'l \$ _____

Received by (Signature) _____

FOR NATIONAL USE

National Office/Treasurer Processing

Date Received _____

Amt Received \$ _____

Received by (Signature) _____

Membership/Financial Secretary Processing

Date Received _____

Tuskegee Airmen Identification Number _____

Date Mbr Card Fwd _____