

PARENT CLASS OF 2010

AOG MEMBERSHIP FORM

PRIMARY MEMBERSHIP HOLDER

Name: Last _____ First _____ Middle Initial _____

(Circle answer) Title: Dr. Miss Mr. Mrs. Military: _____ Other: _____

Suffix: Sr. Jr. II III IV

Professional Suffix: MD DDS Ph.D. JD Other: _____ Academy graduation year (if applicable): _____

Name of your appointee: _____

Home Address: _____ Home Phone: () _____
Street Address

_____ Home E-mail: _____
City State Zip

SPOUSE

Name: Last _____ First _____ Middle Initial _____

(Circle answer) Title: Dr. Miss Mr. Mrs. Military: _____ Other: _____

Suffix: Sr. Jr. II III IV

Professional Suffix: MD DDS Ph.D. JD Other: _____ Academy graduation year (if applicable): _____

Please describe any other family relationships you have with other appointees, cadets and/or graduates.

My signature authorizes the Association of Graduates to activate my parent membership as I've indicated below.

Signature of the primary membership holder Date

Best Value - Four Year Membership: \$180 (You save \$20.)

OR

Annual Membership: \$50

Four-year membership refund policy: If you decide to discontinue your AOG membership due to your cadet's departure from the Academy, the AOG will refund the balance of your membership.

Payment Information: I have enclosed a check made payable to the Association of Graduates.
 I would like to pay by credit card. (The AOG accepts all major credit cards.)

Card number

Expiration date (mo/yr)

Please use the enclosed return envelope to mail your completed membership form. You also may fax it to Don McCarthy at (719) 333-4194. For more information, please contact Don McCarthy at (719) 472-0300 or don.mccarthy@aogusafa.org.

ASSOCIATION OF GRADUATES
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