BOMB CITY SQUADRON MEMBERSHIP APPLICATION
COMMEMORATIVE AIR FORCE

Personal Information

Full Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____

Local Dues: $25.00

CAF Membership

Colonel Number:_____

☐ CAF Colonel
☐ CAF Preservation Colonel
☐ CAF Cadet (13-17 years old)

Membership Term:

☐ Annual
☐ Lifetime

PLEASE MAKE SURE YOU ARE CURRENT ON YOUR CAF HQ DUES FIRST

Areas of Interest

☐ Aircraft Restoration
☐ Aviation History Research
☐ Warbirds / Military Aircraft
☐ Maintainance and Repair
☐ Events & Airshows
☐ Education & Outreach

Experience & Skills (Optional)

☐ Mechanical / Maintenance
☐ Pilot / Aviation Experience
☐ Historical Research
☐ Archiving / Museum Work
☐ Event Planning

Relevant Licensing and Experience:

Photo & Media Release

☐ I grant permission for photos/videos taken during club activities to be used for promotional and educational purposes.
