

## AF Club Membership Program Application

### 1. PERSONAL INFORMATION

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Spouse: \_\_\_\_\_ (optional)

DoD ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (optional) Format: MM/DD/YYYY (Must be 18 years or older)

*Please provide a physical street address if living outside of a US military installation.*

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (If home phone not available, enter work phone# in both fields)

*Format: 8885551212 (If overseas-0118233336611234)*

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. SERVICE INFORMATION

Grade / Rank: \_\_\_\_\_

Squadron: \_\_\_\_\_

Member Type: \_\_\_\_\_

*Ex. Active Duty, Civilian, Mil Ret, Civ Ret, Contractor, Widow*



**AUTHORITY:** 10 U.S.C. § 8013 authorizes the solicitation of certain personal information. **PURPOSE:** To compile a database to manage Air Force Club Membership. **ROUTINE USES:** This information are used to certify U.S. Air Force Club membership eligibility, location, and status of member, for any debt collection or law enforcement purpose. **DISCLOSURE IS VOLUNTARY.** Failure to provide requested information may result in disapproval of this application. Disclosure of information concerning you, by the Air Force, is subject to the Federal PRIVACY ACT.

By signing this application you agree to the following. You understand that a written application is required to be considered for Air Force Club Membership. You understand that you are fully responsible for the conduct of your family member(s) or guest(s) in the course of using the U.S. Air Force Club and accept responsibility for any obligation they or you incur in the course of using the U.S. Air Force Club. You hereby authorize the U.S. Air Force to deduct from your appropriated or non-appropriated fund, pay, or other monies due from you for any dishonored check (plus associated processing fees) or charge that you do not timely pay on your Membership. (You agree to inform the U.S. Air Force Club in WRITING of your termination of membership and you understand that such termination is not effective unless submitted in writing.)

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once your application is filled out and your local club completes their information/approval, a member of Headquarters, Air Force Services Activity (HQ AFSVA) will contact you to obtain your preferred method of payment for membership dues.

**CLUB INFORMATION (For Club Office to fill out)**

**Installation Name:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_

**Join Date:** \_\_\_\_\_

**Begin Date:** \_\_\_\_\_

**Monthly Dues Amount:** \_\_\_\_\_

**Approved for membership by:** \_\_\_\_\_ (printed)

\_\_\_\_\_ (signed)

*Approval by Club Manager or designated POC*

*Please Scan completed Application and E-mail to [Web.Clubs-Operations@us.af.mil](mailto:Web.Clubs-Operations@us.af.mil)*