

Please Note: Pending or Current National CAF Membership Required



Nevada Wing

Application for Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email: _____

CAF Membership Status Squadron Member Sponsor Wing Member

CAF Serial No. _____ Life Membership No. _____

List your goals as a CAF Colonel: _____

List your aviation related certificates: _____

List your fields of interest or expertise: _____

Check the types of contributions you are willing to make

Time Talent Material Financial

Check the areas you are interested in contributing to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Show Events | <input type="checkbox"/> Logistics | <input type="checkbox"/> Purchasing Agent |
| <input type="checkbox"/> Aircraft Restoration | <input type="checkbox"/> Maintenance | <input type="checkbox"/> PX |
| <input type="checkbox"/> Executive Officer | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Federal Programs | <input type="checkbox"/> Operations | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Personnel | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> History and Research | <input type="checkbox"/> Photography | <input type="checkbox"/> Speakers Bureau |
| <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Property Management | <input type="checkbox"/> Support Equipment |
| <input type="checkbox"/> Library | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Wing Leader |
| <input type="checkbox"/> Other _____ | | |

Signature: _____ Date: _____

Please attach a check for \$50.00 to cover the annual dues made out to: CAF Nevada Wing

Mail To:

CAF Nevada Wing

P.O. Box 570634

Las Vegas, NV 89157-0634

The Nevada Wing Thanks You!