

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 ()	Cell/Mobile Phone/Other ()
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E-Mail Address 1 ()	E-Mail Address 2
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TAI does not provide member's e-mail addresses to any external organizations without prior consent.

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

Highest Rank Held

Mil/Civ Pay Grade

Years of Svc

OTHER MEMBERSHIPS		
<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"/> _____

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

Sponsor

Signature

Signature

MEMBERSHIP CLASS

<input type="checkbox"/> Regular (R)
<input type="checkbox"/> Student (S)
<input type="checkbox"/> Organization (O)
<input type="checkbox"/> Honorary (H)
<input type="checkbox"/> Life (L)

☐ Was assigned to Tuskegee Institute Army Air 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)

SEE INSTRUCTIONS ON REVERSE

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) _____

Chptr Fill-In
for Renewal

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 _____