



WAF Association Membership/Dues Form

Please Print!

Name: _____ Nickname: _____

Maiden Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____

Discharge Rank: _____ AFSC/Title: _____

Assignments/Duty Stations: _____

Dues are \$5.00 per year (mailing costs). Please make checks or money orders payable to: WAF Assn. and mail with a copy of this form to: Bonnie Cooper, 6803 N. Forest Crest, San Antonio Texas 78240-3311.

NO CASH PLEASE! Thank you. Amt. enclosed: \$ _____

How did you hear about the WAF Assn. ? _____

Spread the word; please make copies of this form to pass out to other potential members. Thank you.

