

**2023-2024 ACADEMIC YEAR - CENTRAL TEXAS UNITED STATES AIR FORCE ACADEMEY
PARENTS' ASSOCIATION MEMBERSHIP FORM**

Membership Information: (\$400 for Lifetime OR \$152/ year)

Class: _____

Member: New Life Membership (check here if you are already a Life Member)

Type: Alumni Cadet Prep Appointee

Amount Paid: _____ Cash Credit Check# _____

Donation: _____ (if you would like to make additional donation) _____

Texas Name Tags: (These are optional, tags are \$15.50 per name tag; wear to club & USAFA events):

Name Tag #1: _____

Name Tag #2: _____

Name Tag #3: _____

Name Tag #4: _____

Amount Paid: _____ Cash Credit Check# _____

Cadet Information:

First Name: _____ Last Name: _____

Squadron: _____ PO Box: _____ Birthday: _____

High School: _____ USAFA Activity: _____
(Sports, Clubs etc.) _____

Parent Information:

Fathers Information

Mothers Information

First Name: _____	_____
Last Name: _____	_____
Address 1: _____	_____
Address 2: _____	_____
City: _____	_____
State, Zip _____	_____
Home Phone: _____	_____
Cell Phones: _____	_____
Email 1: _____	_____
Email 2: _____	_____

Any information you provide will only be used for the purpose of contacting you concerning the USAFA Parents Association functions and related information. Your contact information will not be distributed beyond the members of the Association and then only for Association related purposes. I agree to have my contact information provided to those who require that information in the performance of their duties with the Central Texas USAFA Parents Association. I agree to allow my contact information to be provided to all of the members of the Central Texas USAFA Parents Association.

Signature

Date

Signature

Date

Please make Checks payable to: Central Texas USAFA Parents Association and mail to Abraham Choi at 9800 Indigo Brush Dr Austin, TX 78726