

**2021-2022 ACADEMIC YEAR - CENTRAL TEXAS UNITED STATES AIR FORCE ACADEMEY
PARENTS' ASSOCIATION MEMBERSHIP FORM**

Membership Information: (\$125 for Lifetime)

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 Activities: _____
 (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 Gayle Morris 17207 E Darleen Dr Leander, TX 78641