**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**