



ACA Membership Application

Post Office Box 7, Mary Esther, FL 32569-0007

Tel: 850-581-0099 • Fax: 850-581-8988

Email: info@aircommando.org • www.aircommando.org

Mail this application to the address above or sign up online at www.aircommando.org

_____ \$40 Annual (Regular) _____ \$40 Annual (Associate)
 _____ \$250 Lifetime (Regular) _____ \$250 Lifetime (Associate)

Name: _____ Rank: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: (____) _____ Other Phone:(____) _____

Email: _____

Branch of Service: USAF Army Navy USMC Other _____

ACA Chapter (if you know it): _____

AFSC/MOS: _____ Job Title: _____

Are you currently Active Duty? Yes No Dates of Service: From ____/____/____ To: ____/____/____

Air Commando/Special Operations Service:

Unit: _____ Location: _____ Date ____ Aircraft: _____

You must furnish at least one (1) unit information if you are applying for regular membership. If more room is needed please use separate piece of paper.

Spouses Name: _____ Permission to share your contact information with other ACA members ONLY? Yes No

Do you want your Air Commando Journal mailed or emailed to you, or neither? Mailed E-mailed Neither

Amount Enclosed: \$ _____ Signature: _____

Membership dues payable by Check or CREDIT CARD

Membership is open to persons who served with or supported USAF Air Commando/Special Operation Units. To include Guard and Reserve Special Operators. Widows of persons eligible for regular membership qualify as non-dues paying members. Other units/interested parties may join as non-voting associate members with approval of the Board of Directors.

_____ Billing Address check if same as above

_____ City _____ State _____ Zip _____

_____ 16 Digit Credit Card Number _____

____/____ # _____
Exp Date (MM/YY) CVV on back of card

Send to: ACA, P.O. Box 7, Mary Esther, FL 32569-0007

For Office Use Only

Membership Number: _____ Amount Paid: _____ Payment Type: _____ Date: _____