



I/We hereby apply for membership to AFROC - Washington, D.C. Date: ____ / ____ / ____

Note: Please complete all items and return this application and check made payable to AFROC - Washington, D.C., in the amount of \$1,000.00. Use N/A (Not Applicable) if appropriate.

APPLICANT 1

- 1. Name _____ 2. Sex _____
- 3. Address _____
- 4. Home Phone () _____ 5. Cell () _____
- 6. Birthdate _____
- 7. SSN _____ 8. Email _____

APPLICANT 2

- 1. Name _____ 2. Sex _____
- 3. Address (if different from above) _____
- 4. Home Phone () _____ 5. Cell () _____
- 6. Birthdate _____
- 7. SSN _____ 8. Email _____

MILITARY/GOVERNMENT AFFILIATION for Applicant 1 or Applicant 2 (please circle one)

- 1. Branch of Service/Government Agency/Rank/GS/SES _____
- 2. Active or Retired _____ 3. Date of Retirement/Discharge _____
- 4. Total Years of Active Service when Retired, Deceased, or Discharged _____

NOTE: Military/government information section should be filled in where possible by widows and widowers

I/We also understand that with this deposit we will be assigned a priority number on the Priority List for AFROC residency upon receipt and approval of this application, and that this deposit does not yet secure a position on the Admissions List. Contact the Marketing Office for Admissions List steps.

I/We also understand that I/we may withdraw from the Priority List by giving written notice, at any time, and the full amount of the above deposit without interest, will be returned on 30 days notice.

EMERGENCY CONTACT

- Name _____
- Address _____
- Phone () _____
- Email _____
- Relation _____

SIGNATURE(S) OF APPLICANT(S)

OFFICE USE ONLY

- Priority Number _____
- Approved _____
- Date _____