



**United States Air Force Academy
Parents' Club of Central Florida
2018-19 New and Renewal Membership Application**



CADET INFORMATION

Cadet's Full Name: _____

Nickname: _____ Cadet's Squadron # : ____ Date of Birth: _____

Mailing Address at Academy (PO Box #): _____, USAF Academy, CO 80841

Graduation Year _____

Name of Congressman/Senator they received their Appointment from: _____

Interest(s) and Pursuits at USAFA (i.e. Clubs, Sports, IP, Jump, etc): _____

PARENT INFORMATION

Names: _____

Address: _____

Phone Number (including area code): _____

E-mail: _____

County: _____

Committee or area of interest where you would like to get involved in the club/ hidden talent:

Membership Dues: \$40 Family per yr (F), \$20 Individual per yr (I), \$10 Alumni parent per yr (A)

I would like to join: F ____ I ____ A ____ Check # enclosed _____

Make checks payable to: **USAFA Parents' Club of Central Florida.**

(Membership Fees are due no later than: **June 30**)

Please complete this application and mail or email to the club Treasurer:

**Mrs. Bobbi Gnan
3521 Wild Eagle Run
Oviedo, FL 32766
Roberta.p.gnan@nasa.gov**

All donations are tax deductible.

COMPLIMENTARY NAME TAGS: (name tags for parents) Please Reserve # _____

Please print name for tags: _____
