AFMMAA MEMBERSHIP APPLICATION AND/OR SCHOLARSHIP DONATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Email: _____ Is Email new to AFMMAA? _____

☐ Check if we CANNOT release your address or email information to alumni member distributions lists.

If departed or retired from employment or association with RX, year: _____

Recent information about yourself (for possible use on the AFMMAA website):

Any specific areas where you would like to support AFMMAA? _____

You are invited to join ($20 annual dues), or become a Life Member ($200), and/or make donations to the Alumni Association Scholarship Program:

$ _____ **Annual Membership Dues** ($20).

$ _____ **Lifetime Membership:** ($200 0ne-time fee).

$ _____ **Alumni Association Scholarship Program**
Described in detail on the AFMMAA website **(**[**afmmaa.org/scholarships**](afmmaa.org/scholarships)**)**, it consists of the Chief Scientist's Scholarship (open to students interested in scientific areas), and the Alumni Association Scholarship (open to students interested in non-technical areas).

$ _____ **Total Amount contributed** (either mailed with this form or paid through the AFMMAA web site, as indicated below. If paid separately through the web site, check here: ☐

NOTE: Scholarship contributions and membership fees may be tax deductible.

Contributions may be made through the AFMMAA web site, or by mail using a check payable to AFMMAA. The form should be mailed to the address below.

Web site: *Payments on the web site use a secure link to our AFMMAA PayPal account. This allows the use of a credit card or direct transfer from a bank account:* [***afmmaa.org/membership***](afmmaa.org/membership)

Mail: **Vice President for Membership**
AFMMAA
P.O. Box 341413
Dayton, OH 45434-1413