ASSOCIATION OF AVIATION ORDNANCEMEN APPLICATION FOR LIFE MEMBERSHIP http://www.aaoweb.org/AAO/

LIFE MEMBERSHIP DUES:

NAME:	±						
LAST	FIRST	MI					
SPOUSE:							
ADDRESS:							
CITY:	STATE: Select State -	- ZIP:					
PHONE: Home () =							
Work (<u> </u>							
Cell <u>(</u> <u>)</u> <u>=</u>							
RATE/RANK: BR	ANCH OF SERVICE						
Active () Retired ()							
DATES SERVED:	TO						
MARINE CORPS MOS:							
DATE OF BIRTH:	Last four digits of SSN:						
MEMBERSHIP NO:							
Type of membership: Regular () Associate ()							
SPONSOR (required for Associate only):							

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LIFE MEMBERSHIP cost is based on your age and is:

29 and Below \$350	45 - 49 inc. \$235	65 – 69 inc. \$155
30 - 34 inc. \$320	50 - 54 inc. \$215	70 – 74 inc. \$130
35 - 39 inc. \$285	55 - 59 inc. \$195	75 and over \$50
40 – 44 inc. \$265	60 - 64 inc. \$175	

If you would like to pay by credit card please complete the form and email it to <u>AAOTreasurer@aaoweb.org</u>. You will be emailed a link (normally within 24 hours) to make the credit card payment. Once payment is confirmed your membership information will be sent to you. Please send me an invoice for representing FULL payment for your age group.

You may pay the full LIFE MEMBERSHIP fee in one payment or in ten (10) equal monthly installments. If you prefer to pay monthly, you should send an initial installment of one-tenth of the total cost for your age group with this application. We will enter your LIFE MEMBERSHIP, send your temporary Life Member card and bill you each month until the full fee is paid. You will then receive your permanent Life Membership card.

In the event a member paying on the installment plan finds that they are unable to complete full payment within the time allowed, all monies paid will be credited toward paid-up annual membership at the standard annual rate (presently \$20.00).

Enclosed is m	ny check for \$	representing one tentl	h of the total fee for my	age gro	oup, as the	first install	lment tov	vard Life Membership in	The Association of
Aviation Ordi	nancemen. Please	bill me for the remaining	ng installments on a mo	nthly b	asis.				
Enclosed is m	ny check for \$	in full payment for Li	ife Membership in The	Associa	ntion of Av	iation Ordi	nancemei	n.	
I ELECT TO	RECEIVE MY NI	EWSLETTER BY DOV	WNLOADING IT FROM	и тне	WEBSITE	ONLY ()	Please Initial.	
I do / do : Ordnancemen		elease of my name, add	dress and telephone num	ber to	other memb	pers or pro	spective	members of the Associat	tion of Aviation
SIGNATURE	E:		DATE:	-	-	-			
				Day	Month	Year			
Make chec	ck payable to:	Association of A	viation Ordnancer	nen					
Return this	s form with yo	our first payment							
MAIL TO:	AOCM Thomas I								

San Diego, CA 92154-3352

July 2019