



SAFN Membership Application

Still Caring... Still Sharing

Last Name First Name MI Maiden Name

Mailing Address City State Zip

Telephone: _____ E-mail: _____

May we publish your name, address, telephone, and e-mail in our directory? ____ Yes ____ No

Check Category:

- ____ Retired Air Force Nurse
- ____ Currently serving on active duty, in the reserves, or in the Air National Guard
- ____ Separated/honorably discharged from Air Force Nurse Corps
- ____ Other (please explain):

Current Rank or Rank at Retirement/Discharge: _____

Military Service Dates (month and year):

Active duty from _____ to _____

Reserve from _____ to _____

Guard from _____ to _____

Annual Dues	\$25
Additional Contribution	
Total Amount	
Please make check payable to the Society of Air Force Nurses	

A member who contributes, in addition to dues, an amount between \$50 and \$99 is designated as a "Sponsor." "Patron" status is conferred for a contribution of \$100 or more.

Submit application and check to:

Society of Air Force Nurses, Inc
P. O. Box 681026
San Antonio, TX 78268-1026

Referred by _____