

Air Force Academy
Parents Association  *of New Jersey*

A 501c3 Non-Profit Organization
www.NJAFAPA.org

USAFA Cadet or Prep NEW MEMBER

Cadet Information (please print clearly)			
<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	Class Year or Prep
Academy PO Box		Date of Birth	
Squadron Name		Squadron No. (1-40)	
Sport/Club			
Family Information:			
<u>Last name</u>	<u>First name</u>	<u>Relationship</u> <i>Mother, Father sister, brother etc.</i>	
Mailing Address			
Primary E-mail			
Secondary E-mail			
Home Phone			
Cell Phone (Dad)			
Cell Phone (Mom)			

This information will be circulated (blind-copied), among AFAPANJ parents only, **unless** directed below.
 Do not release the following to membership: address ___ phone ___ email ___
 You must share at least one form of contact information to receive the directory.

Choose one below: *One Time Membership of \$200 (Direct: four year/Prep: five year)*

USAFA Appointee: Check No. _____ Amount Paid \$ _____ Date Paid _____
 Prep School: Check No. _____ Amount Paid \$ _____ Date Paid _____

Please complete form & mail with your check **payable to AFAPANJ** to:
 AFAPANJ Treasurer, 5 Tracy Court, Morristown, New Jersey 07960
 Or PayPal to AFAPANJTreasurer@gmail.com
 Questions? Send email to: AFAPANJInfo@gmail.com

