TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION				
TAI does not provide member's in PLEASE PRINT LEGIBLY			-	
Title/Rank First Name	MI	Last Name	Jr., Sr., etc.	
Address Line 1	A	ddress Line 2		
City	State (Country)	Zip Code + Four (Post Code)		
Home Phone Office/Wor	k Phone F	ax Phone Cell/M	obile Phone/Other	
( ) ( ) E-Mail Address		()(	)	
Officer (01-03) Air Force Activ	re Duty Highest Rank	Held OT	HER MEMBERSHIPS	
	Guard	ОВАР		
Enlisted Coast Guard Rese				
Civil Svc     Marines     Sepa       No Mil/     Navy     Retir	rated Years of Svc	BCAF	NNOA	
I agree to abide by the Constitution and Byla Chapter and of Tuskegee Airmen, Inc. (TAI), a TAI to use my personal information to condu checks in conjunction with my participation i activities, as required.	and I authorize			
MEMBERSHIP CLASS       MEMBERSHIP CATEGORY         Assigned to Tuskegee Army Air Corps Program; unit at Tuskegee Arm         Regular (R)       of Tuskegee Experience, from Jan 1941 through Sept 1949. (Experience)				
Student (S)		perience, from Jan 1941 through Sept 1949. (Experience - TE) scendent of a Experience Category (TE) member. (Heritage - TH)		
Honorary (H) Life (L) Is a member of Tuskegee Airmen, Inc. in category other than TE/TH. (Associate - TA)				
FOR CHAPTER USE		FOR NATI	ONAL USE	
Chapter Name:		National Off	ice Processing	
Official Chapteraddress				
Eastern Central We	estern	Received by (Signature)		
Date Received		Membership Processing		
Amt Received Chptr \$ Nat'l \$ Received by (Signature)		Date Received       For Renewals       Tuskegee Airmen		
	Chapter Fill-In TAI Number	Identification Number		

## **TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION INSTRUCTIONS**

Application Action: Place "X" in appropriate box(es) to identify purpose of application:

New: First-time applicant (or previous member with more than 1-year lapse in financial membership).

**Renewal:** Current financial member submitting application for next membership year.

**Record Update/Transfer:** Submitted for change of member information (name, address, phone, status/rank, etc.). **Date:** Complete as appropriate.

Title/Rank: Title (Mr., Mrs, Ms., Dr., etc.) or Military Rank, if Active Duty/Guard/Reserve (Amn, Sgt, Capt, etc).

First Name/Middle Initial (MI)/Last Name: Self explanatory.

Address Line 1/Address Line 2: Self explanatory.

City (Base/APO/FPO) / State (Country) / Zip Code+Four (Post Code): Complete as appropriate.

Home/Office/Fax/Cell Phone: Complete as appropriate.

E-Mail Address: Complete as appropriate.

Military/Civilian Status: Place "X" in appropriate boxes to identify current status:

Designation/Classification: Officer/Enlisted/Civil Service/No Military or Civil Service

Branch of Service: Air Force/Army/Coast Guard/Marines/Navy

Status: Active Duty/Guard/Reserve/Separated/Retired

Highest Rank Held: Current (or if separated/retired, highest) military rank held (Amn, SFC, CWO2, Capt, etc.).

**Military/Civilian Pay Grade:** Current (if separated/retired, highest) pay grade (E-1, O-3, GS-9, etc.) in military or civil service. **Years of Service:** Self-explanatory.

Other Memberships. Place "X" in box(es) to identify membership in other listed organizations:

	1 0	
<b>OBAP</b> – Organization of Black Aerospace Professionals	ROCKS – The ROCKS, INC.	
IBAC – International Black Aerospace Council	NNOA – National Naval Officers Association	
BCAF - Bessie Coleman Aerospace Foundation	MPMA – Montford Point Marine Association	
BPA – Black Pilots of America	LINKS - The Links, Inc.	
AFCOMAP – AF Cadet Officer Mentor Action Program	NSBE - National Society of Black Engineers	

NAACP - National Assoc for the Advancement of Colored People

OTHER [i.e., AF Sergeants Assoc. (AFSA), Non-Commissioned Officer Assoc. (NCOA), etc.)

Print Full Name/Signature: Applicant signs confirming intent to abide by Chapter and National directives

(Constitution/Bylaws) and provides authorization for use of personal information for backgrounds, as required. If signing for Organizational membership, they confirm their authority to enter into agreement on behalf of applicant organization.

**Membership Class:** Place "X" in appropriate box to identify/assign membership class.

Regular: Any applicant willing to work toward achievement of goals, objectives and purpose of TAI.
 Student: (Formerly Youth) Applicant who is full-time student and under age of 25 interested in Tuskegee Experience.
 Organization: Non or for-profit organization interesting in promoting, sponsoring or supporting objectives of TAI.
 Honorary: Applicant previously approved for Honorary membership by TAI Board of Directors.
 Life: Applicant who has been accepted and paid full fee (\$750.00) for National Life Membership.

**Membership Category:** Place "X" in appropriate box to identify/assign membership category.

**Experience:** Applicant assigned to Tuskegee Program, unit at TAAF, or resulting unit during Jan 1941 thru Sep 1949. **Heritage:** Applicant is spouse or descendant of individual <u>confirmed</u> and assigned to/eligible for Experience category. **Associate:** Applicant requesting membership and not eligible for inclusion in Experience or Heritage category. **CHAPTER USE** 

Chapter Name/Chapter Address: Self-Explanatory.

**Region:** Place "X" in appropriate box to identify assigned region of chapter.

**Date Received:** Complete with date application (and dues) received.

Amount Received: Complete with amount paid for chapter dues and National per capita dues (as applicable).

Received by: Chapter official signs certifying receipt of application (and dues).

NATIONAL USE

## **National Office Processing**

Date Received: Complete with date application (and dues) received.

Amount Received: Complete with amount paid for chapter dues and National per capita dues (as applicable).

Received by: Chapter official signs certifying receipt of application (and dues).

**Membership Processing** 

Date Received: Complete with date application (and dues, as applicable) received.

**Tuskegee Airmen Identification Number (TAIN):** Complete on initial assignment (Entered by Chapter for renewals). **Date Forwarded to Member:** Date processing completed and document(s) sent to member.