

AIRBORNE MAINTENANCE TECHNICIAN ASSOCIATION

MEMBERSHIP APPLICATION



PRIVACY ACT STATEMENT: The authority to request this information is contained in Public Law 86-36 and Executive Order 12036. The principal purpose of the information is to establish a mailing list for membership rosters containing the name, address and telephone number of all members of the association periodically. Furnishing the information is voluntary; failure to provide the requested information will result in your not being listed. Your signature below* indicates that you have read and understand the above.

Signature: _____ Membership Duration (Circle the one that applies)

Date: _____

1 YEAR (\$10)	3 YEAR (\$25)	LIFE (See chart)
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One-year membership dues are \$10.00 (3 years \$25.00). Make your check or money order payable to the AIRBORNE MAINTENANCE TECHNICIAN ASSOCIATION. Complete this application and mail it to AMTA Membership: **Bob White, AMTA Membership, 288 Stone Trail, Castroville, TX 78009**
 A RENEWAL needs to complete only name and information that has changed. **AMTA Phone: 830-931-6029**

NEW MEMBERSHIP ___ RENEWAL ___ CHANGE OF ADDRESS ___

First Name _____ MI. _____ Last Name _____

Phone Number _____ Cell Phone _____

Address _____ Wings - Basic Senior Chief

City _____, State _____ Zip _____ - _____

E-Mail Address _____ Spouse's Name _____

Website _____ Work Phone _____ DOB _____

LAST ORGANIZATION AND COMMAND AND YEAR YOU SERVED AS AN AMT _____
 Okay to release data to other AMTs? YES ___ NO ___

PCS stations where you flew USAF reconnaissance missions as a maintenance technician? _____

MILITARY SERVICE DATES		WAR SERVICE DATES (place check or X below appropriate date boxes)			
START (mm/dd/yy)	END (mm/dd/yy)	6/27/1950 - 1/31/1955	2/28/1961 - 5/7/1975	8/2/1990 - by law	To be determined

OLD ADDRESS (For address change only)

First Name _____ MI. _____ Last Name _____

Address _____

City _____, State _____ Zip _____ - _____

<p style="text-align: center;">AGE - LIFETIME MEMBERSHIP (check the one that applies)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">76 and over \$50 <input type="checkbox"/></td> <td style="width: 50%;">71-75 \$70 <input type="checkbox"/></td> </tr> <tr> <td>66-70 \$90 <input type="checkbox"/></td> <td>61-65 \$110 <input type="checkbox"/></td> </tr> <tr> <td>56-60 \$130 <input type="checkbox"/></td> <td>51-55 \$150 <input type="checkbox"/></td> </tr> <tr> <td>46-50 \$170 <input type="checkbox"/></td> <td>41-45 \$190 <input type="checkbox"/></td> </tr> <tr> <td>36-40 \$210 <input type="checkbox"/></td> <td>31-35 \$230 <input type="checkbox"/></td> </tr> <tr> <td>30 and under..... \$250 <input type="checkbox"/></td> <td></td> </tr> </table>	76 and over \$50 <input type="checkbox"/>	71-75 \$70 <input type="checkbox"/>	66-70 \$90 <input type="checkbox"/>	61-65 \$110 <input type="checkbox"/>	56-60 \$130 <input type="checkbox"/>	51-55 \$150 <input type="checkbox"/>	46-50 \$170 <input type="checkbox"/>	41-45 \$190 <input type="checkbox"/>	36-40 \$210 <input type="checkbox"/>	31-35 \$230 <input type="checkbox"/>	30 and under..... \$250 <input type="checkbox"/>		<p style="text-align: center;">DONATIONS:</p> <p>Donations are appreciated and tax deductible. Please enter the amount of your donation:</p> <p style="text-align: center;">\$ _____</p>
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