

# 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)

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, 11615 Old Hills Lane, San Antonio, Texas 78251.**

A RENEWAL needs to complete only name and information that has changed. AMTA Phone: 830-995-4109

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 \_\_\_

Which unit did you fly USAF reconnaissance missions as an in-flight maintenance technician? \_\_\_\_\_

MILITARY SERVICE DATES		WAR SERVICE DATES <i>(place check or X below appropriate date boxes)</i>			
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 \_\_\_\_\_ - \_\_\_\_\_

#### AGE - LIFETIME MEMBERSHIP *(check the one that applies)*

___ 76 and over ..... \$50	___ 71-75 ..... \$70
___ 66-70 ..... \$90	___ 61-65 ..... \$110
___ 56-60 ..... \$130	___ 51-55 ..... \$150
___ 46-50 ..... \$170	___ 41-45 ..... \$190
___ 36-40 ..... \$210	___ 31-35 ..... \$230
___ 30 and under..... \$250	

#### DONATIONS:

Donations are appreciated and 100% tax deductible. Please enter the amount of your donation:  
 \$ \_\_\_\_\_