



SUSTAINING MEMBERSHIP FORM

First Name: _____ **Last Name:** _____

Address: _____

Phone Number: _____ **Email:** _____

Airman's Name: _____

Graduation Year: _____

Role they are currently playing in the Air Force: _____

To pay by check made out to USAFA Parents' Club of MN, mail the form and a check to the Club Treasurer: Daniel A ONeil, Treasurer
1321 Carlson Lake Lane
Eagan MN 55123

The USAFA Parents Club of Minnesota is a 501(c)(3) corporation.