



## SAFN Membership Application

*Still Caring... Still Sharing*

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Last Name                                      First Name                                      MI                                      Maiden Name

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Mailing Address                                      City                                      State                                      Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we publish your name, address, telephone, and e-mail in our directory?  Yes  No

**Check Category:**

- Retired Air Force Nurse  
 Currently serving on active duty, in the reserves, or in the Air National Guard  
 Separated/honorably discharged from Air Force Nurse Corps  
 Other (please explain):  
\_\_\_\_\_

Current Rank or Rank at Retirement/Discharge: \_\_\_\_\_

**Military Service Dates (month and year):**

Active duty                      from \_\_\_\_\_ to \_\_\_\_\_

Reserve                              from \_\_\_\_\_ to \_\_\_\_\_

Guard                              from \_\_\_\_\_ to \_\_\_\_\_

Annual Dues	\$20
Additional Contribution	
Total Amount	
Please make check payable to the Society of Air Force Nurses	

*A member who contributes, in addition to dues, an amount between \$50 and \$99 is designated as a "Sponsor." "Patron" status is conferred for a contribution of \$100 or more.*

**Submit application and check to:**

Society of Air Force Nurses, Inc  
P. O. Box 681026  
San Antonio, TX 78268-1026

Referred by \_\_\_\_\_