



# Armed Forces E9 Association Sunflower Chapter #1

350 Grant Avenue  
Junction City, Kansas 66441

## Application for Membership/Transfer

(Please Print or Type)

For National Use Only	
Membership #	_____
Effective Date	_____
Expiration Date	_____

Please enroll me as a member of the Armed forces E9 Association, Inc. (AFE9A) I request to be a (Please check one):  
( ) National member at large      ( ) Kansas Sunflower Chapter # 1 of the AFE9A

I have enclosed \$\_\_\_\_\_ in payment of my membership dues as indicated below (Please check one):  
(Make check or money order payable to MUAFE9A and mail to above address )

### Annual

( ) 1 Year - \$40.00      ( ) 2 Years - \$70.00      ( ) 3 Years - \$110.00

### Life Membership

<u>Under 51</u> - ( ) \$500.00    ( ) 4 Quarterly payments of \$125.00 each	<u>61 - 65</u> - ( ) \$350.00    ( ) 4 Quarterly payments of \$87.50 each
<u>51 - 55</u> - ( ) \$450.00    ( ) 4 Quarterly payments of \$112.50 each	<u>66 - 70</u> - ( ) \$300.00    ( ) 4 Quarterly payments of \$75.00 each
<u>56 - 60</u> - ( ) \$400.00    ( ) 4 Quarterly payments of \$100.00 each	<u>Over 70</u> - ( ) \$200.00    ( ) 4 Quarterly payments of \$50.00 each

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Post Office) (State) (Zip + 4)

Check one: ( ) Active    ( ) Retired    ( ) Inactive Reserve/National Guard

Rank \_\_\_\_\_ Branch \_\_\_\_\_  
(CMSGt, CSM, SGM, MCPO, SgtMaj, MGySgt, etc. NOT E9) (USA, USAF, USCG, USMC or USN)

Retirement Date \_\_\_\_\_  
(Mo/Day/Year)

Home Phone \_\_\_\_\_ Work Phone (Optional) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's First Name \_\_\_\_\_  
(Mo/Day/Year)

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Mo/Day/Year)

Recruiters Name \_\_\_\_\_