
Application For Membership Miami Valley Military Affairs Association

Name: _____

Position/Title: _____

Company/Affiliation: _____

Rank/Branch (if military): _____

Active Duty___ Retired___

Mailing Address: _____
P.O. Box or Street

City

State

Zip Code

Work Phone: _____ Home Phone: _____

Fax: _____

E-Mail Address: _____

Please make your check for \$35.00 payable to MVMAA and mail to:

MVMAA, AMC P.O. Box 33633, Wright - Patterson AFB, Ohio 45433-0633
