



**87<sup>th</sup> Aerial Port Squadron Association**  
**Membership Application Form**

Please type or print clearly.

**Name:** \_\_\_\_\_ **Sex:**    
Last Name First Middle Male Female

**Address:** \_\_\_\_\_  
Street, RR, or PO Box Apartment

\_\_\_\_\_  
City State Zip Code Country

**Spouse's Name** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
Home Cell Business

**eMail Address:** \_\_\_\_\_

**Assignment**

With 87th APS from: \_\_\_\_\_ To: \_\_\_\_\_ Highest Rank \_\_\_\_\_

I am interested in attending the reunions. Please Circle **Yes** **No**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed

**Mailing Instructions:**

Mail the completed form and your check or Money Order for **\$20.00**, made out to:

**"87<sup>th</sup> APS Association"** and send to:

87<sup>th</sup> APS Association  
 P.O. Box 15585  
 Covington, KY 41015

**Recommended for membership by**

**Self** \_\_\_\_\_  
**87<sup>th</sup> Association member** \_\_\_\_\_

**87<sup>th</sup> APS Association member name:** \_\_\_\_\_

New members are immediately placed on our mailing list and receive a paid up membership card and a copy of our current newsletter. Annual dues are \$20.00, payable each year in the same month that you first joined the association.

Office Use	
Member Number	_____
Date Received	_____
Date Member Card Mailed	_____