



Commemorative Air Force
GULF COAST WING
 Membership Application
 (Please Print)



NAME: Date of Birth

ADDRESS:

 State
 Zip

COL ID # LM # Date of Commission

SPOUSE: HOME PHONE #

OFFICE PHONE # MOBIL/CELL #

EMAIL ADDRESS

Are you an aircraft sponsor? YES NO (Types are Full, Restoration, or Supporting)
 (If YES, Please advise type and aircraft you sponsor _____)

What are your hobbies? _____

What would you like to do this year in the area of special participation in the Gulf Coast Wing and in the CAF? _____

Do you have any comments, suggestions or questions for us? _____

WING DUES ARE \$50.00 EACH YEAR. YOU MUST BE A MEMBER OF THE CAF TO JOIN. PLEASE MAKE YOUR CHECK PAYABLE TO **GULF COAST WING – CAF**, and SEND YOUR PAYMENT TO:

**Col Craig Freeland, Adjutant
 SWTR Group – Suite 201
 5600 Northwest Central Drive
 Houston TX 77092**

Col Freeland's email: adjutant@gulfcoastwing.org
 cell # 832 656 9818

Visit us online at www.gulfcoastwing.org