

TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION

Please mark the method (mailing address OR email address) you prefer for TAI to contact you with a X or checkmark.

PLEASE PRINT
LEGIBLY

NEW

RENEWAL

RECORD UPDATE/TRANSFER

Date: _____

Title/Rank	First Name	MI	Last Name	Jr., Sr., etc.
Address Line 1		Receive ALL correspondence/voting ballots at this address		
		Address Line 2		
City		State (Country)	Zip Code + Four (Post Code)	

Home Phone ()	Office/Work Phone ()	Fax Phone ()	Cell/Mobile Phone/Other ()
E-Mail Address			Receive ALL correspondence/voting ballots at this address
			<input type="checkbox"/>

<table style="width: 100%;"> <tr> <td style="width: 15%;">Officer (O1-O3)</td> <td style="width: 15%; color: blue;">Air Force</td> <td style="width: 15%;">Active Duty</td> <td style="width: 15%;"></td> </tr> <tr> <td>Officer (O4-Above)</td> <td style="color: green;">Army</td> <td>Reserve/Guard</td> <td></td> </tr> <tr> <td>Enlisted</td> <td style="color: blue;">Space Force</td> <td>Coast Guard</td> <td>ROTC</td> </tr> <tr> <td>Civil Svc</td> <td style="color: red;">Marines</td> <td>Separated</td> <td>CAP</td> </tr> <tr> <td>No Mil/ Civil Svc</td> <td style="color: blue;">Navy</td> <td>Retired</td> <td></td> </tr> </table>	Officer (O1-O3)	Air Force	Active Duty		Officer (O4-Above)	Army	Reserve/Guard		Enlisted	Space Force	Coast Guard	ROTC	Civil Svc	Marines	Separated	CAP	No Mil/ Civil Svc	Navy	Retired		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 40px;">Highest Rank Held</td></tr> <tr><td style="height: 40px;">Mil/Civ Pay Grade</td></tr> <tr><td style="height: 40px;">Years of Svc</td></tr> </table>	Highest Rank Held	Mil/Civ Pay Grade	Years of Svc	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">OTHER MEMBERSHIPS</th> </tr> <tr> <td>OBAP</td> <td>AFCOMAP</td> <td>NAACP</td> </tr> <tr> <td>BPA</td> <td>ROCKS</td> <td>LINKS</td> </tr> <tr> <td>BCAF</td> <td>NNOA</td> <td>AFA</td> </tr> <tr> <td>NSBE</td> <td>MPMA</td> <td>_____</td> </tr> <tr> <td>Afsa</td> <td>NCOA</td> <td>_____</td> </tr> </table>	OTHER MEMBERSHIPS			OBAP	AFCOMAP	NAACP	BPA	ROCKS	LINKS	BCAF	NNOA	AFA	NSBE	MPMA	_____	Afsa	NCOA	_____
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I agree to abide by the Constitution and By-Laws of the Chapter and of Tuskegee Airmen, Inc. (TAI) and I authorize TAI to use my personal information in conjunction with my participation in Youth activities, as required.

Signature

I certify the **Typed Signature** or **X** in this block is solely the person applying for Chapter Membership.

MEMBERSHIP CATEGORY (Select Only One)

<input type="checkbox"/>	Assigned to Tuskegee Army Air Corps Program; unit at Tuskegee Army Airfield; or unit growing out of Tuskegee Experience, from Jan 1941 through Sept 1949. (Experience - TE)
<input type="checkbox"/>	Is spouse or descendent of an Experience Category (TE) member. (Heritage - TH)
<input type="checkbox"/>	Is Brother/Sister/Niece/Nephew/Cousin, etc. of a TE member. (Kindred - TK)
<input type="checkbox"/>	Is a member of Tuskegee Airmen, Inc. in category other than TE/TH/TK. (Associate - TA)

MEMBERSHIP CLASS

<input type="checkbox"/>	REGULAR (R)
<input type="checkbox"/>	STUDENT (S)
<input type="checkbox"/>	LIFE (L)
<input type="checkbox"/>	HONORARY (H)
<input type="checkbox"/>	Organization (O)

FOR CHAPTER USE		
Chapter Name: _____		
Official Chapter Address _____		
Eastern	Central	Western
Date Received _____		
Amt Received Chapter: \$ _____ Nat'l: \$ _____		
Received by (Signature) _____		

FOR NATIONAL USE	
National Office Processing Date	
Received	_____
Amt Received \$	_____
Received by (Signature)	_____
Membership Processing	
Date Received	_____
Tuskegee Airmen Identification Number	_____
Date Fwd. to Mbr	_____

For Renewals, Chapter Fill-In TAI Number

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TUSKEGEE AIRMEN, INC. (TAI) MEMBERSHIP DATA/APPLICATION INSTRUCTIONS

Application Action: Place "X" in appropriate box(es) to identify purpose of application:

New: First-time applicant (or previous member with more than 1-year lapse in financial membership).

Renewal: Current financial member submitting application for next membership year.

Record Update/Transfer: Submitted for change of member information (name, address, phone, status/rank, etc.).

Date: Complete as appropriate.

Title/Rank: Title (Mr., Mrs., Ms., Dr., etc.) or Military Rank, if Active Duty/Guard/Reserve (Airmen, Sgt, Capt., etc.).

First Name/Middle Initial (MI)/Last Name: Self-explanatory.

Address Line 1/Address Line 2: Self-explanatory.

Place "X" in provided box to select **ONLY** this address to receive **ALL** correspondence/voting ballots from TAI (REVISED).

City (Base/APO/FPO) / State (Country) / Zip Code Four (Post Code): Complete as appropriate.

Home/Office/Fax/Cell Phone: Complete as appropriate.

E-Mail Address: Complete as appropriate.

Place "X" in provided box to select **ONLY** this address to receive **ALL** correspondence/voting ballots from TAI (REVISED).

Military/Civilian Status: Place "X" in appropriate boxes to identify current status:

Designation/Classification: Officer/Enlisted/Civil Service/No Military or Civil Service

Branch of Service: Air Force/Army/Space Force/Coast Guard/Marines/Navy

Status: Active Duty/Guard/Reserve/Separated/Retired; **Other:** Reserve Officer Training Corps (ROTC); Civil Air Patrol (CAP)

Highest Rank Held: Current (or if separated/retired, highest) military rank held (Airmen, SFC, CWO2, Capt., etc.).

Military/Civilian Pay Grade: Current (if separated/retired, highest) pay grade (E-1, O-3, GS-9, etc.) in military or civil service.

Years of Service: Self-explanatory.

Other Memberships. Place "X" in box(es) to identify membership in other listed organizations:

OBAP – Organization of Black Aerospace Professionals

IBAC – International Black Aerospace Council

BCAF - Bessie Coleman Aerospace Foundation

BPA – Black Pilots of America

AFCOMAP – AF Cadet Officer Mentor Action Program

NAACP - National Assoc for the Advancement of Colored People

OTHER [i.e., AF Sergeants Assoc. (**AFSA**), Non-Commissioned Officer Assoc. (**NCOA**), etc.]

ROCKS – The ROCKS, INC.

NNOA – National Naval Officers Association

MPMA –Montford Point Marine Association

LINKS - The Links, Inc.

NSBE - National Society of Black Engineers

AFA - Air Force Association

Print Full Name/Signature: Applicant signs confirming intent to abide by Chapter and National directives

(Constitution/Bylaws) and provides authorization for use of personal information for backgrounds, as required. If signing for Organizational membership, they confirm their authority to enter into agreement on behalf of applicant organization.

Membership Class: Place "X" in appropriate box to identify/assign membership class. (**Dues Amount reflects National only**)

Regular: Any applicant willing to work toward achievement of goals, objectives and purpose of TAI. (**National: \$50.00**)

Company Grade Officer: Applicant who is an Active Duty Junior Officer (O-1 to O-3) or a Reservist on Active Duty. (**Nat'l: \$35.00**)

Student: (Formerly Youth) Applicant who is full-time student and underage of 25 interested in Tuskegee Experience. (**Nat'l: \$15.00**)

Life: Applicant who has been accepted and paid full fee (\$750.00) for National Life Membership. (**or \$250.00 for 3-Years to Nat'l**)

Honorary: Applicant previously approved for Honorary membership by TAI Board of Directors. (**Nat'l: \$50.00**)

Organization: Non or for-profit organization interesting in promoting, sponsoring or supporting objectives of TAI. (**Nat'l: \$50.00**)

Membership Category: Place "X" in appropriate box to identify/assign membership category.

Experience: Applicant assigned to Tuskegee Program, unit at TAAF, or resulting unit during Jan 1941 thru Sep 1949.

Heritage: Applicant is spouse or descendant of individual confirmed and assigned to/eligible for Experience category.

Kindred: Applicant is a Brother, Sister or Relative of individual confirmed and assigned to/eligible for Experience category.

Associate: Applicant requesting membership and not eligible for inclusion in Experience, Heritage or Kindred category.

CHAPTER USE

Chapter Name/Chapter Address: Self-Explanatory.

Region: Place "X" in appropriate box to identify assigned region of chapter.

Date Received: Complete with date application (and dues) received.

Amount Received: Complete with amount paid for chapter dues and National per capita dues (as applicable).

Received by: Chapter official signs certifying receipt of application (and dues).

NATIONAL USE

National Office Processing

Date Received: Complete with date application (and dues) received.

Amount Received: Complete with amount paid for chapter dues and National per capita dues (as applicable).

Received by: Chapter official signs certifying receipt of application (and dues).

Membership Processing

Date Received: Complete with date application (and dues, as applicable) received.

Tuskegee Airmen Identification Number (TAIN): Complete on initial assignment (Entered by Chapter for renewals).

Date Forwarded to Member: Date processing completed, and document(s) sent to member.

*** TAI does not provide member information or email addresses to any external organization without prior consent ***