



6th WEATHER SQUADRON ALUMNI ASSOCIATION (6WSAA)

NEW/RENEWAL MEMBERSHIP APPLICATION

Membership categories are:

Primary Members: Former members of the USAF 6th Weather Squadron (Mobile) or any of its predecessor units including civilian employees. Annual dues are required to remain Active.

Associate Members: Current or former members of any organization that provided direct service to 6th Weather Squadron (Mobile). Civilian employees, spouses or other immediate family of this group may become Associate Members. Annual dues are required to remain active. *Spouses of Primary Members in good standing hold Associate Membership and are exempt from dues.* Voting privileges are not enjoyed by Associate Members.

Honorary Members: Persons who must be nominated for Honorary Membership by a Primary Member and who must be approved by a majority vote of the Board of Directors. Widows and widowers of Primary Members are deemed Honorary Members by relationship. Honorary Members are exempt from dues. Voting privileges are not enjoyed by Honorary Members.

***YOUR NAME:** _____ **NICKNAME:** _____

YOUR SPOUSE: _____ **NICKNAME:** _____

Check Type Membership Applying For: Primary _____ Associate _____ Honorary _____

*Widow/Widower of alumni member - Enter the deceased Member's name, rank, and year in which deceased:

Deceased Member's Name: _____ **Rank:** _____ **Year Deceased:** _____

Your Mailing Address: **STREET/P.O. BOX:** _____

City: _____ **ST:** _____ **ZIP:** _____

Home phone No: () _____ **Office phone No:** () _____

E-mail address: _____

Years in 6th WS (MOB) (ex. 60-64): _____

Organization (if not 6th MOB): _____

Enclose a check or money order for \$10.00/year payable to **6WSAA**. Enclosed is \$ _____ for (# years) _____ Dues.

Mail to: Buck Bucklin
8 Sherwood Lane
East Hampton, NY 11937

Permission to release your information.

NOTICE TO THE ASSOCIATION: Release the above information **ONLY** to the members of the Association. You may also include the name, address***, telephone number*** and e-mail*** in a membership roster distributed **ONLY** to 6WSAA members and not for commercial use. **YES** _____ **NO** _____

DATE: _____ **YOUR SIGNATURE:** _____

If you checked YES, but do not wish your address **or** telephone number **or** e-mail address to appear in the roster, encircle the appropriate. **We do not sell or freely provide the 6WSAA mailing list to non-member or commercial interests.**

Optional: List Deployments Locations and Dates: _____

*****Association Use*****

Release: YES _____ NO _____

Date Received: _____ **Check/MO No.:** _____ **Amount:** \$ _____

Received By: _____

Notes: _____
