

F.F. Blair Campbell
President

Bobby Johns, RET.
Vice President

F.F. Preston Curtis
Treasurer

F.F. Darren Hyson
Corresponding
Secretary

F.F. Kevin Shuler
Recording Secretary



AUSTIN AFRICAN-AMERICAN



Application for Membership

I _____, on this ____ day of _____, 20____
am applying for membership in the AAFFA and agree to abide by its constitution and by-laws. I agree to work toward implementing the association goals and objectives.

Signature / TXFR(if applicable) _____ Rank _____ Station _____ Shift _____

Address _____ City _____ State _____ Zip _____

Telephone /Cell _____ Email _____

Local 975 Member? _____ AFD Member? _____ Retired AFD Member? _____

Do you have a business or skill you would like to add to our website? Provide details below.

Business Name: _____

Service/Product: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Comments: _____

First Sponsor _____ Second Sponsor _____

Dues are \$30 monthly (Full) / \$10 (other) _____ Lifetime Membership Interest? _____ (Retirees only)

For Office Use Only	
Member # _____	Membership Card _____
System Update _____	Membership Level _____
Direct Deposit Form _____	President Approval _____

Last Rev: 2 Apr 2015