

**AIR FORCE RETIRED OFFICERS COMMUNITY
WASHINGTON, D.C.**

Preliminary Application For Membership

I/We hereby apply for membership in AFROC-Washington, D.C.

Note: Please complete all items. Use N/A (Not Applicable) if appropriate.

OFFICER

1. NAME _____ 2. RANK _____ 3. SEX _____
4. BRANCH OF SERVICE _____ 5. HOME PHONE () _____
6. ADDRESS _____
7. BIRTHDATE _____ 8. SSN _____
9. ACTIVE OR RETIRED _____ 10. DATE OF RETIREMENT _____
11. TOTAL YEARS OF ACTIVE SERVICE WHEN RETIRED (OR DECEASED) _____
12. ENTITLED TO RETIREMENT PAY? YES _____ NO _____

NOTE: Officer section should also be filled in where possible by Widows and Widowers

SPOUSE/WIDOW/WIDOWER: (CIRCLE ONE)

1. NAME _____ HOME PHONE () _____
2. DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
3. ADDRESS: _____
IF DIFFERENT FROM ABOVE
4. MILITARY I.D. EXPIRATION DATE _____
5. FOR WIDOW(ER)S: ALSO COMPLETE OFFICER SECTION FOR DECEASED SPOUSE
(A) MILITARY SPOUSE WAS: () Active Duty () Retired
(B) DID YOU REMARRY: () Yes () No
(C) DATE SPOUSE DECEASED: _____

I/We also understand that we will be assigned a priority number for placement on the Priority List for AFROC residency upon receipt and approval of this application and check made payable to AFROC-Washington, D.C., in the amount of \$1,000.00.

I/We also understand that we may withdraw from the Priority List at any time, and the full amount of the above deposit, without interest, will be returned on 30 days notice.

Emergency Contact

Name: _____
Address: _____
Phone: () _____
Email Address: _____

Signature(s) of Applicant(s):

**OFFICE USE ONLY:
PRIORITY NUMBER:**

APPROVED: _____