

**The Commemorative Air Force**  
**Ohio Valley Wing**  
Membership Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CAF Colonel # \_\_\_\_\_ Life Member # \_\_\_\_\_

Do you sponsor any CAF aircraft? (please list).

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Are you a member of any other CAF units? (please list). \_\_\_\_\_

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Do you have a particular interest or skill that you are willing to apply for promoting the activities of the Ohio Valley Wing? (Mechanical abilities, fundraising, public relations, etc.?) \_\_\_\_\_

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Did you serve or are you serving in the military? If so, please report service branch and rank: \_\_\_\_\_



Membership in the Commemorative Air Force is required before membership in the OVW. This application must be accompanied by the annual dues for the Ohio Valley Wing of \$30.00. Make checks payable to *Ohio Valley Wing-CAF*. Mail form and check to

Col. Robert Matthews, Wing Finance Officer  
4693 Huntwicke Drive  
Hilliard, OH 43026