



Membership Application

<i>FIRST</i>	<i>MI.</i>	<i>LAST</i>	<i>RANK/TITLE</i>
MAILING ADDRESS:			

<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	<i>COUNTRY</i>
<i>TELEPHONE</i>		<i>FAX (OPTIONAL)</i>	
EMAIL:			

PAYMENT INFORMATION (Make checks payable to: Association of Old Crows)

____ *1yr \$25 Dollar 1 year gift Membership – good until December 15th*

Payment (US dollars only) Check One: _ _ Check enclosed _ Visa _ MasterCard _ American Express _

<i>Credit Card Number</i> _____	<i>EXPIRATION DATE</i> _____
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Please Sign _____ *Date* _____

I. Employer Type:

- 1. Army 3. Coast Guard 5. Air Force 7. Government non-DoD 9. Education
- 2. Navy 4. Marines 6. DoD Civilian 8. Industry 10. Other

II. Principal Job Function

- 1. Management Corp. 4. Operations 7. Procurement 10. Training
- 2. Management General 5. Marketing/Sales 8. Production 11. Testing
- 3. Engineering IR & D 6. Data Processing 9. Engineering Support 12. Other

III. Your Organizations
Product/Service/Application

- 1. EW/C2W 5. Computers 9. Test/ Diag 13. Space Applications 17. Other
- 2. Avionics 6. Electronics 10. Logistics 14. Radar
- 3. Intelligence 7. Electro-Optics 11. Consultant 15. Directed Energy
- 4. C3 8. Communications 12. Components 16. Information Warfare

IV. Your Age Group

17-29 _____ 30-49 _____ 50 + Over _____

Please fax or mail forms to the AOC. FAX: 703-549-2589, PHONE: 703-549-1600
ASSOCIATION OF OLD CROWS
1000 North Payne St., 2rd Floor Alexandria, VA 22314