

# U.S. AIR FORCE CLUB MEMBERSHIP AND CREDIT APPLICATION.

**Please tell us about yourself** Please print in black or blue ink, one character to a box.

<i>First Name (required)</i>	<i>Middle</i>	<i>Last Name (required)</i>
<i>Social Security Number (required)</i>	<i>Date of Birth (required)</i>	<i>Mother's Maiden Name (for security purposes)</i>

**Resident Address - Must use APO/FPO if overseas**

<i>Street Number (required)</i>	<i>Street Name (required--no P. O. Boxes accepted other than Military P.O. Box numbers)</i>	<i>Apt No.</i>
<i>City (required)</i>	<i>State (required)</i>	<i>Zip (required)</i>
<i>Home Telephone (If overseas add prefix 011) (required)</i>	<i>Duty Telephone</i>	

**Previous Address (if less than 12 months at current address)**

<i>Street Number (required)</i>	<i>Street Name (required--no P. O. Boxes accepted other than Military P.O. Box numbers)</i>	<i>Apt No.</i>
<i>City (required)</i>	<i>State (required)</i>	<i>Zip (required)</i>

**Please tell us about your career**

<i>Monthly Housing Cost</i>	\$.00	<i>Total Monthly Income*</i>	\$.00	<i>Grade/Rank (Civilian Equivalent)</i>	<i>Yrs</i>	<i>Mos</i>	<i>Member Type (ACT, CIV, RET)</i>
<i>Base/Installation</i>				<i>How would you like your name to appear on your card?</i>			

\*includes entitlements and other sources of additional income. Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

**BRHX** Air Force Club Proprietary Card

By checking this box you understand that you are requesting that you be considered for the Private Label card only, which is not eligible for rewards and has different rates, fees, benefits, and credit availability. You will be issued a credit card which may only be used at certain AF Services Club facilities. Do not check the box if you wish to request a MasterCard, and you will automatically be considered for the MasterCard product first.

**YES!** Please send the below authorized user a free additional card:

<i>First Name</i>	<i>Initial</i>	<i>Last Name</i>



TAK98073\_APC12018

**BALANCE TRANSFER OPTION** Transfer the amount(s) shown from the MasterCard®, Visa®, Discover®, American Express®, or any store card account(s) listed below to my new account:

<i>Amount</i>	<i>Account Number (refer to credit card)</i>

**BPNT**

Source Code

**X** *Your Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Customer Verification:** I certify that I have read and agreed to all of the terms, authorizations and disclosures included with this form; and that everything I have stated in this application is true and correct. I agree that Chase and the partner named in this offer may share information about me and my account(s).

FOR CLUB USE ONLY	<b>MEMBERSHIP TYPE</b>	<b>DUES</b>	<b>WAIVED</b>	<b>DUES BEGIN</b>	<b>DUES FREQUENCY:</b>		
					M, Q, S, A		
	<input type="checkbox"/> OFFICERS' CLUB	\$	<input type="checkbox"/> YES	MO DAY YR			
	<input type="checkbox"/> ENLISTED/SNCO CLUB	\$	<input type="checkbox"/> YES	MO DAY YR			
<input type="checkbox"/> OTHER/ACTIVITIES	\$	<input type="checkbox"/> YES	MO DAY YR				