

MEMBERSHIP APPLICATION

THE INTRUDER ASSOCIATION



“SHOWCASING A LEGEND”

PLEASE PRINT

Date _____ New Applicant Renewal

Name _____
Last First MI

Call Sign (Nickname) _____ Rank _____

Street Address _____

City State ZIP

Email Address _____

Significant Other's Name _____ Phone (_____) _____

Military Service: Retired Active Duty None Branch _____

Pilot B/N Maintainer Ordnance Support Flight Surgeon Associate

Veteran Status: Korea Vietnam Gulf None Service Dates (YY-YY) _____

Squadron(s) _____ CVW/MAW _____

1 Year (\$25) 2 Year (\$45) 3 Year (\$65)

The Intruder Association is accepting new and renewal memberships by credit card on our website *or* by personal checks. To access the online payment method, go to www.intruderassociation.org and select Join for new members, or log in at Members Login to Renew. To pay by personal check, please print and mail this application along with your check made payable to: **The Intruder Association**. For questions, contact Tim Thomson at membership@intruderassociation.org.

Please send this completed Application and check to:

**The Intruder Association
c/o Tim Thomson
602 S. Adams 83843**

www.intruderassociation.org