



AOC 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>	
<i>EMAIL:</i>			

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

___ <i>1yr</i> \$45	___ <i>3yr</i> \$115	___ <i>LIFE</i> \$500	___ <i>STUDENT</i> \$15	___ <i>RETIRED</i> \$15
<i>AOC EDUCATIONAL FOUNDATION DONATION</i> _____				
<i>Payment (US dollars only) Check One: ___ Check enclosed ___ Visa ___ MasterCard ___ American Express ___</i>				
<i>Credit Card Number</i> _____			<i>EXPIRATION DATE</i> _____	
<i>Please Sign</i> _____ <i>Date</i> _____				
<i>Recruited By:</i>				

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 _____

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|-----------------|-------------------|----------------|-------------------------|-----------|
| 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

AOC
1000 North Payne St.
Alexandria, VA 22314