



Commemorative Air Force Joe Foss Squadron Application

*Membership in the Commemorative Air Force
is required to join the Joe Foss Squadron*

PLEASE PRINT ALL INFORMATION

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (C) _____

E-Mail _____

CAF Colonel Number _____ Life Member Number _____

Annual membership dues for the Joe Foss Squadron are **\$25**. Please make checks payable to **Joe Foss Squadron** and mail to:

Joe Foss Squadron
ATTN: Finance Officer
812 E. Dove Trail
Sioux Falls SD 57108

www.cafjoefoss.org