

ASSOCIATION OF AVIATION ORDNANCEMEN  
APPLICATION FOR LIFE MEMBERSHIP

<http://www.aaoweb.org/AAO/>

LIFE MEMBERSHIP DUES:

NAME: LAST FIRST MI

SPOUSE:

ADDRESS:

CITY: STATE: ZIP: -

PHONE: Home ( ) =

Work ( ) =

Cell ( ) =

RATE/RANK: BRANCH OF SERVICE

Active ( ) Retired ( )

DATES SERVED: TO

MARINE CORPS MOS:

DATE OF BIRTH: Last four digits of SSN:

MEMBERSHIP NO:

Type of membership: Regular ( ) Associate ( )

SPONSOR (required for Associate only):

**ASSOCIATION OF AVIATION ORDNANCEMEN  
APPLICATION FOR LIFE MEMBERSHIP**

LIFE MEMBERSHIP cost is based on your age and is:

29 and below	\$345	55 - 59 inc	\$190
30 - 34 inc	\$315	60 - 64 inc	\$170
35 - 39 inc	\$285	65 - 69 inc	\$155
40 - 44 inc	\$260	70 - 74 inc	\$130
45 - 49 inc	\$230	75 and above	\$50
50 - 54 inc	\$210		

**If you would like to pay by credit card please complete the form and email it to**

[AAOTreasurer@aaoweb.org](mailto:AAOTreasurer@aaoweb.org). You will be emailed a link (**normally within 24 hours**) to make the credit card payment. Once payment is confirmed your membership information will be sent to you. Please send me an invoice for \$ \_\_\_\_\_ representing FULL payment for my age group.

You may pay the full LIFE MEMBERSHIP fee in one payment or in ten (10) equal monthly installments. If you prefer to pay monthly, you should send an initial installment of one-tenth of the total cost for your age group with this application. We will enter your LIFE MEMBERSHIP, send your temporary Life Member card and bill you each month until the full fee is paid. You will then receive your permanent Life Membership card.

In the event a member paying on the installment plan finds that they are unable to complete full payment within the time allowed, all monies paid will be credited toward paid-up annual membership at the standard annual rate (presently \$20.00).

Enclosed is my check for \$ \_\_\_\_\_ representing one tenth of the total fee for my age group, as the first installment toward Life Membership in The Association of Aviation Ordnancemen. Please bill me for the remaining installments on a monthly basis.

Enclosed is my check for \$ \_\_\_\_\_ in full payment for Life Membership in The Association of Aviation Ordnancemen.

I ELECT TO RECEIVE MY NEWSLETTER BY DOWNLOADING IT FROM THE WEBSITE ONLY (  ) \_\_\_\_\_ Please Initial.

I **do / do not** authorize release of my name, address and telephone number to other members or prospective members of the Association of Aviation Ordnancemen.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Day Month Year

**Make check payable to: Association of Aviation Ordnancemen**  
**Return this form with your first payment**

MAIL TO: AOCM Thomas Lord USN RET.  
2888 Iris Avenue #122  
San Diego, CA 92154-3352

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