

Army, Navy, and Air Force Reserve.

934TH AIRLIFT WING BASE COMMUNITY COUNCIL MEMBERSHIP APPLICATION

Full Name:		
Company Name:	Position or Title:	
Business (or Perferred) Address:		
City:	State:	Zip Code:
E-mail Address:		
Work Phone:	Cell Phone:	
How much do you know about the A	Air Force or military branches? (Choos	se one)
Little Knowledge	Some Knowledge	Very Knowledgeable
	r membership and the quartly Base Co	
What are convient times for you to a List any civic or community organiz	attend the meetings?	e a part of: (e.g., business associations,
	c.)	
Signature:		Date:
PLEASE NOTE: This program is desgined to of Defense by providing opportunities for infoothey serve. Council meetings are held quarterly	introduce non-military affiliated community mer ormation-sharing between the 934th Airlift Wing, by and are provided to discuss items of interest such	nbers to the Air Force Reserve and Department its associated units and the community which ch as: community involvment, deloyments, and

YOU WILL BE CONTACTED VIA E-MAIL ONCE YOUR APPLICATION HAS BEEN ACCEPTED