



NORTON-MARCH ALUMNI ASSOCIATION

P.O. Box 6058, March ARB, CA 92518
www.norton-marchaircrew.org

MEMBERSHIP APPLICATION or RENEWAL

Thank you for your interest into membership of the Norton-March Alumni Association. We look forward to welcoming you as a new member.

Please enter my membership. Check enclosed (**Payable to:** Norton-March Aircrew Association, Inc.)

FULL NAME: _____ NICKNAME or CALL SIGN (Optional): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED E-MAIL: _____

(Please provide e-mail address **or indicate N/A**. This will enable us to communicate with you electronically)

PREFERRED CONTACT TELEPHONE: (_____) _____

SPOUSE: _____

(Necessary info for NMAA internal use only)

RANK: _____ "X" ___ Cur Rank ___ Ret Rank ___ Highest Rank held

MIL. STATUS: "X" Active: ___ Reservist: ___ Retired: ___ Separated: ___ Civilian: ___ Contractor: ___

(If retired) RETIREMENT YR: _____ (or) LAST YR SERVED: _____ TOTAL YRS SERVED: _____

NORTON or MARCH
UNIT(s) SERVED WITH: _____ YEARS SERVED: _____

AIRCREW POS: _____ (and/or) STAFF/JOB POS: _____

Membership fees are due on 31st December and are deemed delinquent if not paid by 1 February.

Membership Dues: "X" ___ \$ 25 per year ___ \$ 65 for 3 years ___ \$ 250 for LIFETIME

Type Membership: "X" ___ Active Membership ___ Associate Membership
(Org. or non Norton-March stationed personnel)

Amount Enclosed: \$ _____ Check #: _____ "X" ___ Paid On-Line by Credit Card

Make Checks . M.O. Payable to: *Norton-March Aircrew Association, Inc.*

Please mail this completed form and your dues to: Norton-March Alumni Association
ATTN: Membership Chairman
P.O. Box 6058
March ARB, CA 92518

NOTE: Membership can be purchased On-line at: www.NMAA-Store.org (Not a Mobile site)