

Membership Application---Alliance of ANG Flight Surgeons

_____ Member: Annual Dues \$35 (____ New or ____ Renewal)

_____ Member: Life Dues \$250 (for the true optimist)

Date: _____
Rank: _____
Last Name: _____
First Name: _____
MI: _____

Address: _____
City: _____
State: _____
Zip: _____

Aero Rating: FS SFS CFS

Position:

- FS = Flight Surgeon
- CC = Clinic Commander
- CFM = Chief Flight Med
- CAS = Chief Aeromed Services
- SAS = State Air Surgeon
- CCATT = Critical Care Air Transport Team

Mail to: Col Frank Yang
1300 Tribute Center Drive, Apt 364
Raleigh, NC 27612

Unit: _____
Hours: _____
Years: _____
Active Flying: yes no
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Civilian Specialty: _____
Academic Appt: _____

Member of Society of USAF FS: yes no
Member of AsMA: yes no
ACLS Certified: yes no Expires _____
ATLS Certified: yes no Expires _____
Trauma Med experience: yes no
Aeromedical Evac Experience: yes no

Comments: