



ARNOLD AIR SOCIETY
 EXECUTIVE MANAGEMENT CENTER
 9 E. LOOCKERMAN ST., SUITE 2B
 DOVER, DE 19901-7343

REPORT OF INITIATION

AREA _____

University _____ Date of Report _____
 Squadron _____ Number of New Members _____ @ \$45.00 each
 Date of Initiation _____ Total Amount of Remittance _____

NOTE: The above contribution includes cost of certificate, card, membership ribbon, cadet membership in AFA and Air Force Magazine.
 The following are the names of regularly enrolled AFROTC or Air Force Academy Cadets who are qualified to be Active Members of the Arnold Air Society, and (were) (will be) initiated into this squadron on the above date.
 Type names alphabetically by last name. Give full name as desired on membership certificate. (Membership certificates will be prepared EXACTLY as listed below. Therefore, please be precise.)

	First	Middle	Last	Year of Graduation
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____
9)	_____	_____	_____	_____
10)	_____	_____	_____	_____
11)	_____	_____	_____	_____
12)	_____	_____	_____	_____
13)	_____	_____	_____	_____
14)	_____	_____	_____	_____
15)	_____	_____	_____	_____
16)	_____	_____	_____	_____
17)	_____	_____	_____	_____
18)	_____	_____	_____	_____
19)	_____	_____	_____	_____
20)	_____	_____	_____	_____

The following are the names of persons who (were) (will be) initiated into this Squadron as Honorary Members of the Arnold Air Society on the above date. Follow same instructions listed above. There is a \$5.00 charge for Honorary Member Certificates.

	First	Middle	Last	Rank if Military
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

 Squadron Commander

FORM AND DISTRIBUTION INFORMATION

1. ORIGINAL: Squadrons mail original to reach Executive Management Center not later than three weeks after the initiation. Original must be signed. A complete AAS/AFA Form 5 and full remittance for each new member must accompany this copy.
2. Make two copies. Send COPY 1 to Area Headquarters. Retain COPY 2 for Squadron reference.