



**THE
DISTINGUISHED
FLYING CROSS
SOCIETY**

New Member Application

DFC RECIPIENT NAME: _____

Male Female Date of Birth: ____/____/____ Nickname: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ CELL: _____

EMAIL: _____

MARITAL STATUS: S M SPOUSE'S NAME: _____

AFTER SERVICE CIVILIAN PROFESSION/S: _____

How did you hear of us _____

Electronic Submission Address: DFCS@DFCSociety.org

P.O. Box 502408, San Diego, CA 92150
Office: (866) 332-6332 www.dfcsociety.org

“QUALIFICATIONS FOR MEMBERSHIP”

1. Must be a **DFC recipient**.
2. Submit copy of **general orders, citation, certificate, or DD-214 (Separation Papers)** indicating award of DFC. Your **citation(s)** will be entered on DFCS website Honor Roll.
3. Your signature on this application gives DFCS authorization to publish same in DFCS News Magazine, website, and any DFCS-sponsored publication.
4. DFCS reserves the right to independently verify any data you submit.
5. Membership dues must be kept current.

SIGNATURE: _____

DATE: _____

Above signature indicates I have read and understand the “Qualifications For Membership”

Membership Dues

- () One-Year \$ 40
- () Three-Year \$105
- () Five-Year \$170
- () Active Duty - One-Year \$ 20
- () Active Duty - Three-Year \$ 50
- () Active Duty - Five-Year \$ 75

Lifetime Membership Dues

- () Age 81 & above \$100
- () Age 76 - 80 \$200
- () Age 71 - 75 \$300
- () Age 66 - 70 \$400
- () Age 60 - 65 \$500
- () Age 59 & below \$600

() Check Card Type:

Card #:

Name on CC:

Exp. Date: ____ / ____

Address if different from above

Please make check payable to:

The DFC Society
P.O. Box 502408
San Diego, CA 92150



| BRANCH OF SERVICE | ✓ | ERA | ✓ | MISCELLANEOUS | DETAILS |
|-------------------|---|--------------|---|------------------------|---------|
| U.S. Army | | WWII | | Type/Model of Aircraft | |
| U.S. Marine Corps | | Korea | | Unit | |
| U.S. Navy | | Vietnam | | Crew Position | |
| U.S. Air Force | | Space | | Theatre | |
| U.S. Coast Guard | | Desert Storm | | Highest Rank | |
| | | GWOT | | Highest Award Received | |
| | | Other | | | |

For Office Use Only:

| | |
|---------------------|---------------------|
| Received | |
| Check # | |
| Amount | |
| CC Auth. | |
| Recipient Exp. Date | |
| | Payment posted |
| | Database entry |
| | Website entry |
| | Certificate/ID Card |
| | Welcome packet |