



# THE DISTINGUISHED FLYING CROSS SOCIETY

# Posthumous Membership Application

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

DFC RECIPIENT NAME: \_\_\_\_\_

Male  Female

Recipient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUBMITTING PERSON'S NAME: \_\_\_\_\_

SUBMITTING PERSON'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO DECEASED RECIPIENT: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Electronic Submission Address: [DFCS@DFCSociety.org](mailto:DFCS@DFCSociety.org)

### “QUALIFICATIONS FOR MEMBERSHIP”

1. Must have been a **DFC recipient**.
2. Submit copy of **general orders, citation, certificate, or DD-214 (Separation Papers)** indicating award of DFC. The qualifying **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.

### Posthumous Membership

One time fee of \$100 includes 1-year ASSOCIATE MEMBERSHIP FOR ELIGIBLE RELATIVE





**SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

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

Please make check payable to:

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

(✓) Check Card Type:        

Card #:

Name on CC:

Exp. Date: \_\_\_\_ / \_\_\_\_

Address if different from above



### PLEASE FILL IN DFC RECIPIENT'S MILITARY INFO BELOW

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

### For Office Use Only:

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