



**THE
DISTINGUISHED
FLYING CROSS
SOCIETY**

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

Per your inquiry, your DFCS membership has expired. To renew, complete the form below and mail with payment to DFCS, P.O. BOX 502408, SAN DIEGO, CA 92150-2408 within. Thank you for your continued support of the DFCS. Donations are tax deductible.

REGULAR OPTIONS	ACTIVE DUTY OPTIONS	Telephone No: _____ Date of Birth: _____
<input type="checkbox"/> 1 yr \$ 40	<input type="checkbox"/> 1 yr \$ 20	E-mail: _____
<input type="checkbox"/> 3 yrs \$105	<input type="checkbox"/> 3 yrs \$50	What name or nick name do you go by i.e. Joe, Chuck, Junior, Buster? _____
<input type="checkbox"/> 5 yrs \$170	<input type="checkbox"/> 5 yrs \$75	If you also belong to a <u>local DFCS Chapter</u> , please tell us which chapter: _____

LIFE UPGRADE OPTIONS

<input type="checkbox"/> Age 81 & above	\$100
<input type="checkbox"/> Age 76 - 80	\$200
<input type="checkbox"/> Age 71 - 75	\$300
<input type="checkbox"/> Age 66 - 70	\$400
<input type="checkbox"/> Age 60 -65	\$500
<input type="checkbox"/> Age 59 & under	\$600

Are you interested in starting up a local DFCS Chapter? Yes No

If your citation is not on our website, please send a copy with this renewal

Served in ___USA ___USAAF ___USAF ___USCG ___USMC ___USN

Type of Aircraft _____ Crew Position _____

Theatre _____ Unit _____

DECEASED

Date of death _____



Circle payment method: MC Visa AE Discovery or Check

Card #: _____

Name on CC: _____

Exp Date: _____/_____/_____ CVC # _____ (last 3 numbers above signature on back of card)

FOR OFFICE USE ONLY	
RECEIVED:	_____
CHECK #:	_____
AMOUNT \$	_____
CC AUTH #	_____
NEW EXP DATE	_____
<input type="checkbox"/> CHK POSTED	
<input type="checkbox"/> ENTERED DB	
<input type="checkbox"/> LIFE UPGRADE	
<input type="checkbox"/> Life Certificate	
<input type="checkbox"/> I.D. Card	
<input type="checkbox"/> MAILED PACKET	

Your Name and Mailing Address

Address on credit card, **IF** different

_____	_____
_____	_____
_____	_____

ABOVE ADDRESS IS CORRECT
 PLEASE CHANGE/CORRECT ADDRESS AS SHOWN BELOW

<p>Mail Form & Payment to:</p> <p>DFC SOCIETY</p> <p>P.O. BOX 502408</p> <p>SAN DIEGO, CA 92150-2408</p>
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