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| aas | **ARNOLD AIR SOCIETY**EXECUTIVE MANAGEMENT CENTERAFA, SUITE 4001501 LEE HIGHWAYARLINGTON, VA 22209 |  |
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| **REPORT OF INITIATION** |
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|  | AREA |       |  |
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|  |
| University |       | Date of Report |       |
| Squadron |       | Number of New Members |       | @ $55.00 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) |       |       |       |      |
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| 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 $6.00 charge for Honorary Member Certificates. |
|  | First | Middle | Last | Rank if Military |
| 1) |       |       |       |       |
| 2) |       |       |       |       |
| 3) |       |       |       |       |
| 4) |       |       |       |       |
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|  | Squadron Commander |
| FORM AND DISTRIBUTION INFORMATION |
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| 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**. |
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| 2. | Make two copies. Send COPY 1 to Area Headquarters. Retain COPY 2 for Squadron reference. |
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| **AAS Form 1** (MS Word)19 Jul 2010 | **DESTROY ALL PREVIOUS EDITIONS OF THIS FORM** |