

AMMO CHIEFS ASSOCIATION (ACA) MEMBERSHIP APPLICATION

First Name: _____ MI: _____ Last Name: _____

Spouse's Name: _____

Mailing Address:

Street: _____

City, State, ZIP Code: _____

*Home Phone Number: _____

*Cell Phone Number: _____

*Note: If you do not wish to have your Home or Cell phone published we will honor your request; enter not listed in the applicable space.

**Primary E-Mail Address: _____

**Secondary E-Mail Address: _____

**Note: Email addresses will not be posted on the ammochiefs.com website as it is a public site however, the ACA Secretary needs them in order to send organizational information out to the Membership.

Service Status: Active Duty _____ Retired _____

DOE: _____ Date of Separation or Retirement: _____

Present or Last Duty AFSC (i.e. 2W0X1, 461X0, 645X0A, 46191, etc.) _____

Present or Last Duty Title / Position: _____

Present Rank or Rank at Retirement: _____

I Authorize the ACA to share data with other ACA members only: YES _____ NO _____

***Note: The ACA will not share personal (contact information) data with anyone outside of the ACA BOD unless you approve. Our Web Site, ammochiefs.com lists current and honorary members and only shows the first and last names, membership number, chapter affiliation if any and state of residence.

Dues: \$25.00 a year or \$250.00 for Lifetime Membership. Make your check or money order payable to the ACA and mail it and your completed application to the following address:

**Jack Seaman, ACA Secretary
717 Smokey Mountain Avenue
Henderson, NV 89012**