



THE WHITEMAN BASE
COMMUNITY COUNCIL

Support for
AIRMEN
AND THEIR FAMILIES

WHITEMAN AIR FORCE BASE
COMMUNITY COUNCIL MEMBERSHIP APPLICATION

Sponsoring Community _____

Name _____ Nickname _____

Spouse _____ Is spouse a member already? Yes No

Home Address _____

Home Phone () _____

Business Address _____

Business Phone () _____

E-mail Address _____

Birth Date _____ Social Security # _____

Affiliations and Brief History of Community Involvement _____

If applicable - Offices held with Government, public or community organizations _____

Any other information that will be helpful to the community council, please attach additional sheet.

Authorized Community
Representative

Applicant

PLEASE COMPLETE BACK OF APPLICATION FOR PROPER MEMBERSHIP. THANK YOU.

I hereby authorize the Whiteman Air Force Base Security Police to perform background checks on my record.

Applicant's Signature _____

(Required in order to receive a base Community Council Identification card)

PRIVACY ACT STATEMENT

AUTHORITY

Public Law 93-579; The privacy Act of 1974; 5 USC 552b

PURPOSE

This information will be used in a screening process for base security reasons

ROUTINE USES

The Whiteman Air Force Base Security Police uses this information to screen applicants to the Base Community Council for Security Purposes

DISCLOSURE IS VOLUNTARY

If information is not provided, an identification card allowing entrance onto Whiteman Air Force Base may not be issued to applicant.

PLEASE RETURN WITH \$50.00 ANNUAL MEMBERSHIP FEE PAYABLE TO WHITEMAN AFB COMMUNITY COUNCIL TO:

**Jesse Lomax
Equity Bank
200 N. State St.
Knob Noster, MO 65336
660-563-3011**

Do you have a current base identification card: Yes _____ No _____

If yes, when does it expire _____

Additional information:

Your spouse will not automatically become a member when you apply. Should your spouse wish to be a member, please complete two applications.

bcc/app