



**WHITEMAN AIR FORCE BASE
COMMUNITY COUNCIL MEMBERSHIP APPLICATION**

SPONSORING COMMUNITY _____

FULL NAME (As it appears on your DL) _____

NICKNAME _____

SPOUSE _____ IS SPOUSE A MEMBER ALREADY YES__NO__

HOME ADDRESS _____

HOME PHONE (____) _____

CELL PHONE (____) _____

BUSINESS ADDRESS _____

BUSINESS PHONE (____) _____

E-MAIL ADDRESS _____

DRIVER'S LICENSE NO. _____

DRIVER'S LICENSE STATE OF ISSUE _____

CITIZENSHIP STATUS _____

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 SECOND PAGE OF APPLICATION FOR PROPER MEMBERSHIP.
THANK YOU.

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

Applicant's Signature

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:**

Whiteman Base Community Council

Attention: Treasurer

P.O. Box 81

Knob Noster, MO 65336

Please email us at basecommunitycouncil@gmail.com with any questions.

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