

Aviano Reunion Association, Inc.
Sally Ann Eaves, Secretary / Treasurer
22000 E. Quincy Ave, Apt 310
Aurora, CO 80015 (303) 916-1228
saeaves7@gmail.com
www.avianoreunion.com



MEMBERSHIP APPLICATION

Member's Name & Nickname: _____
Spouse's Name & Nickname: _____
Address: _____
City, State, & Zip: _____
Telephone #: _____
Email: _____

I was stationed at Aviano AB from _____ to _____ in the capacity of:

American Military: Italian Military:
American Civilian: Italian Civilian:
American Dependent: Other: _____

If Military or Civilian, list unit of assignment: _____
If dependent, list school(s) attended in Aviano: _____
If relative or friend of Avianoites, list names of Avianoites: _____

If there is other information that is pertinent that may be of interest to other members, please list it here: _____

DUES: \$15 per year. Payment by check only, payable to:

Aviano Reunion Association.

Please print and mail this completed form and your check to the address above.

We cannot accept credit card payments.

NOTE: Membership is open to all Avianoites, relatives and friends.