

RAFINO Membership Application

(see also online application at: <http://www.rafino.org/NewMemberForm>)

Abbrev. Rank: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Gender: ___M ___F

Spouse: _____

E-Mail: _____

Last 2 digits of Year Retired (or "Active"): _____

Address: _____

City: _____

State (X X): _____

Zip+4: _____ - _____

Phones:

Home

FAX

Work

Cell

Date of Birth (yyyy-mm-dd): _____

Provide A short biographical note on your Army Financial Mgmt.
Experience/assignments:*

Annual dues of \$10 are waived for the year in which application is approved..
Send your application to the RAFINO Webmaster:

LTC Robby Robson
7205 Cutter Mill Drive
Dallas, TX 75248-1609