



Membership Application

Original Plank Owner:

Yes No

Plank # _____

Re-Commissioning Plank Owner: Yes No

NEW MEMBER: I hereby make application for membership. First Year/Initial Dues: \$30 for year 20____

ANNUAL RENEWAL: Enclosed are my dues for year 20____

Dues are \$30.00, but discounted to \$25.00 if paid by March 31st,

(Application Post Marked by March 31st)

with the exception of New Members Initial dues.

LIFETIME MEMBERSHIP: (Please list date of birth below):

Age 50-70: \$250

Age 71 and over: \$100

I served aboard: (please circle) CV CVA CVS LHD1 during Year: _____ to Year:

Rank or Rate _____ Division or Squadron _____

First Name: _____ Middle Init: _____ Last Name: _____

Address _____ City: _____ State: _____ Zip: _____

Date of Birth: (Mo/Day/Year): _____ Wedding Anniversary date: _____

Telephone # (_____) _____ - _____ Spouses First

Name: _____

E-mail Address: _____ Current Occupation: _____

Would you like to receive the Newsletter via e-mail: Yes No

Date: _____ Signature: _____

Please print, sign and date, and mail to the address below with the appropriate dues.

**MAKE CHECKS PAYABLE TO: USS WASP ASSOCIATION, INC. MAILTO: GARY J. CRADDOCK,
MEMBERSHIP CHAIRMAN, 1390 NIMROD ST., PORT CHARLOTTE, FL 33952**