USS Howard W. Gilmore Memorial Association **Members Information Form**

Member's Name:			
Spouse's Name:			
Street			
City	_State	Zip	
Check box for change of address []	ĺ		
Home Phone:	Cell Phone:		
E-mail Address:			_
Reported aboard (month/year):	Tra	nsferred (month/year):	
I was in Department:	Division:	Rank/Rate:	
Annual dues for members and assoc September 30th). Receipts are email hardcopy receipt mailed to you, pleas Amount included:	ed. If you do no	t use email, and you wish to	have a
Make check payable to USS H. W. and mail, with this form, to:	Gilmore Memo	rial Association, (or simply	y USSHWGMA)
John Bennett Secretary/Treasurer USS Howard W. Gilmore Memorial A 296 Pinewood Drive, Apple Valley, M			
Notes: 1. If you would like one of our hats, s operator Mark Klammer at mark.klam			act Ships Store
2. USSHWGMA website is www.usshwgmemorialassociation.org, and you can also find us on Facebook.			
3. As a cost saving measure, newsler October. If you prefer to receive it via			July, and
4. If you are applying for an Associate Moyou are/were related to that individual:			

5. For questions, please contact the Secretary/Treasurer at <u>j.benn.21778@gmail.com</u> or 228-387-3352 (leave detailed message if no answer).