



# Membership Application 2017

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 31<sup>st</sup>,  
(Application Post Marked by March 31<sup>st</sup>)  
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.

MAIL TO: GARY J. CRADDOCK, MEMBERSHIP CHAIRMAN, 1390 NIMROD ST., PORT CHARLOTTE, FL 33952