

USS WISCONSIN ASSOCIATION MEMBERSHIP/ CHANGE FORM

Please check one of the following:

- Membership Renewal New Member Associate Member
 Update Information

* Denotes required information

*Name _____

Names of additional members in same household paid above _____

*Address _____

*City _____ *State _____ *Zip _____ - _____

*Telephone: Day (____) _____ Evening (____) _____

*Email _____

Post email address to the website? Yes No

Please provide the following information for your time onboard the Wisconsin:

Rate/Rank _____ Division _____ Years onboard (ex: 1956-57) _____

On Active Duty? Yes No

I am enclosing dues for _____ years (up to three (3) years) @ \$20.00 per year = \$ _____

Additional members in same household _____ @ \$10.00 per year = \$ _____

Optional Donation to the USS WISCONSIN ASSOCIATION \$ _____

TOTAL \$ _____

Please make check payable to **USS WISCONSIN ASSOCIATION.**

Mail this form along with payment to:
USS WISCONSIN ASSOCIATION
Paul Zentmyer, Secretary
1956 S. Coolwell Rd.
Madison Heights, VA. 24572-5956

Association Use Only	
Date rcvd: _____	Check#: _____
Exp date: _____	Date mailed: _____
<input type="checkbox"/> New	<input type="checkbox"/> Returning
<input type="checkbox"/> Card	<input type="checkbox"/> Bylaws
<input type="checkbox"/> Pin	