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 O  No O

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: _______
☐ New  ☐ Returning  ☐ Card  ☐ Bylaws  ☐ Pin

For any questions contact me at BB64Secretary@gmail.com or 434-238-0949
All information provided is for the use of the USS Wisconsin Association and its associates. We do not sell or otherwise disseminate information to other parties.