



## USS FORRESTAL CVA/CV/AVT-59 ASSOCIATION INC. MEMBERSHIP APPLICATION

FOR ASSOCIATION USE ONLY
Member No. _____

*Please Print or Type*

Name: \_\_\_\_\_  

Last
First
Middle
Name of Spouse

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Plank Owner? Yes  No       West Pac Crew? Yes  No       Decommissioning Crew? Yes  No

Date(s) Aboard: \_\_\_\_\_ Department, Division, Squadron, Etc.: \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_ Your Final Rank/Rate: \_\_\_\_\_

Active Military? Yes  No       Retired Military? Yes  No       If yes, Branch of Service: \_\_\_\_\_

Brief History of Your Military Service (*continue on separate sheet if necessary*): \_\_\_\_\_

***(Please Check the Appropriate Box to Select Your Desired Membership Term)***

1 Year (\$12.00)     3 Years (\$25.00)     5 years (\$40.00)     Life (\$75.00)

Are you also enclosing \$10.00 for a copy of the latest Membership Roster? Yes  No

**NOTICE:** It is **forbidden** to use or sell the Membership Roster for **any** form of Commercial Gain - **No Exceptions!**

*Optional Donations:*    \$ \_\_\_\_\_    to help fund cost of mailings to keep members updated on and  
 (NOT tax deductible)

\$ \_\_\_\_\_    to assist the Forrestal Association's Memorial Fund

\$ \_\_\_\_\_    to assist the Forrestal Association's Scholarship Program

Total: \$ \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make check or money order payable to:

*USS FORRESTAL ASSOCIATION, INC.*

Please mail this form and your payment to:

Merri Wahl, Secretary Treasurer

PO Box 1945

Goose Creek, SC 29445

QUESTIONS?

Email: [classicvet@homesc.com](mailto:classicvet@homesc.com)

Sponsoring Member's Number or Name: \_\_\_\_\_

# WELCOME BACK ABOARD!

(Revised 01 January 2015)