



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: _____ E-Mail address: _____

City: _____ State: _____ ZIP: _____ - _____

Home Phone: (____) _____ Date of Birth: _____

Plank Owner? Yes No WestPac 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 \$5.00 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 aware of current, unique, emergency, and /or special events.
 (**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:
 Please mail this form and your payment to:

USS Forrestal CVA/CV/AVT-59 Association, Inc.
 Jim Brussell, Secretary Treasurer QUESTIONS?
 PO Box 225 Call (937) 295-2863 Evenings
 Ft. Loramie, OH 45845-0225 Email: cva59@roadrunner.com

Sponsoring Member's Number or Name: _____

WELCOME BACK ABOARD!

(Revised 12 August 2010)