



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

Sponsoring Member's Name & Number:

FOR ASSOCIATION USE ONLY

Member No. _____

Please Print or Type

Name: _____
Last
First
MI
Name of Spouse

Mailing Address: _____

City: _____ State: _____ ZIP: _____ - _____

Home Phone: _____ Email (if any): _____

Plank Owner? Yes No WestPac Crew? Yes No Decommissioning Crew? Yes No

Date(s) Aboard: _____ Department, Division, Squadron, Other: _____

All Dates of Military Service: _____ Current/Final Rank/Rate: _____

Active Military Now? Yes No If Yes, Branch and Location: _____

Retired Military? Yes No If Yes, Branch, Where, and When: _____

Brief History of Your Military Service (*continue on other side or separate sheet if necessary*): _____

Please Check The Appropriate Box to Select Your Desired Forrestal Association Membership Term

1 YEAR (\$12.00) 3 YEARS (\$25.00) 5 YEARS (\$40.00) LIFE (\$75.00)

\$ _____ Dues Payment For Selected Membership

\$ _____ *Optional Donation: \$10.00 to purchase the current Membership Roster.
NOTICE: It is forbidden to sell or in any other manner use the Roster for any form of Commercial Gain or Enterprise – No exceptions to this!

\$ _____ *Optional Donation: To assist the Forrestal Association's Memorial Fund

\$ _____ *Optional Donation: To assist the Forrestal Association's Scholarship Program

\$ _____ *Optional Donation: To help fund the cost of unique mailings to the Members

\$ _____ **Total Enclosed** – Make Check or Money Order payable to "USS Forrestal Association." Mail to USS Forrestal Association, P.O. Box 681, Walhalla, SC 29691

* = Not Tax Deductible

(October 7, 2022)

WELCOME BACK ABOARD, SHIPMATE!