





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

sponsoring wember's Name & Number.		TON ASSOCIATION USE ONE!
		Member No
	Please Print or Type	
Name:		
Last Fi	rst N	MI Name of Spouse
Mailing Address:		
City:	State:	ZIP:
Home Phone:	Email (if any):	
Plank Owner? Yes □ No □ WestPac	c Crew? Yes □ No □	Decommissioning Crew? Yes \square No \square
Date(s) Aboard:	_ Department, Division, S	quadron, Other:
All Dates of Military Service:	Current/Fina	d Rank/Rate:
Active Military Now? Yes □ No □ If Y	es, Branch and Location: _	
Retired Military? Yes □ No □ If Yes, Bi	anch, Where, and When:	
Please Check The Appropriate Box to □ 1 YEAR (\$12.00) □ 3YEAR	S (\$25.00)	_
Dues Payment F	for Selected Membership	
NOTICE: It is	forbidden to sell or in any	e current Membership Roster. y other manner use the Roster for rise – No exceptions to this!
S *Optional Donat	ion: To assist the Forresta	l Association's Memorial Fund
S *Optional Donat	ion: To assist the Forresta	l Association's Scholarship Program
\$ *Optional Donat	ion: To help fund the cost	of unique mailings to the Members
	•	Order payable to " <i>USS Forrestal</i> ciation, P.O. Box 681, Walhalla, SC 29
* = Not Tax Deductible		(October 7, 202

WELCOME BACK ABOARD, SHIPMATE!