

MEMBERSHIP APPLICATION
USS CHARLES S. SPERRY (DD697) ASSOCIATION

Application for the following category (*) of membership (**check one**):

Initial Membership () **Membership Renewal** () **Associate Membership** () **Widow** () **Lifetime Membership** ()

If Associate Member, please enter the name of Sperry Relative: _____

DATE OF APPLICATION: ____/____/____ **FOR CALENDAR YEAR** _____

NAME _____

SPOUSE'S NAME _____

ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

TELEPHONE _____ **CELL PHONE** _____

EMAIL ADDRESS _____

DATES SERVED ABOARD: FROM _____ **TO** _____

ENLISTED RATE (MM2; BMSN; ETN3; EN; SN): _____ **OFFICER RANK:** _____ **DIVISION:** _____ **DEPT:** _____

DUES ARE PER CALENDAR YEAR AND MAY BE PAID BY PERSONAL CHECK OR MONEY ORDER. MAKE CHECKS PAYABLE TO: USS CHARLES S. SPERRY (DD 697) ASSOCIATION.

MAIL PAYMENT WITH APPLICATION TO:
USS CHARLES S. SPERRY (DD 697) ASSOC.
% RON LaPLACA, TREASURER
25196 ZODIAC LN
PUNTA GORDA, FL 33983 Phone: 516-380-3327

DUES & CATEGORIES OF MEMBERSHIP :

Initial Membership: \$25.00 (This is for former Sperry crew joining the association for the first time.)

Membership Renewal: \$25.00 / year (Please use annual renewal form to update contact information,)

Associate Membership: This is for relatives of current or former members, **\$25.00 / year**. (Sperry officers to verify relationships.) (Please use annual renewal form to update contact information,)

Lifetime Membership: Dues for Lifetime membership is a onetime payment of **\$250.00** (Please use annual renewal form to update contact information,)

Widow Associate: There are **no dues required** for this membership type. (Please use annual renewal form to update contact information,)

FOR OFFICE USE ONLY:

M/SHIP CARD: _____
DUES: _____
TREAS. SS: _____
M/SHIP SS: _____
COMPUTER: _____
ROSTER: _____
EMAIL: _____