

USS L. Y. SPEAR (AS-36) Association Membership Application

_AST NAME*: FIRS		ΓNAME:	NICKNAME:			
*	If different, LAST NAME wh					
SPO	DUSE:EMAI		L:	BIRTH	DATE:	
STREET:				PRIMARY PH	IONE:	
CITY:		STATE:	ZIP COD	E: ALT PHONE:		
YEAR	R REPORT TO SPEAR:	YEAR LEFT	SPEAR:_	Highest RANK while	e aboard (ex:SK2):	
	Division/Shop/Office:				ank Owner	
	DUES				Enter the Applicable Amount	
	Life Membership:		\$150.00			
	Regular & Associate* Membership (1 Year):					
	New (F	irst-time Member)	\$25.00			
	Renewal (A	lready a Member)	\$15.00			
	1*	Name of Sponsor:				
	(Additional Years):		\$15.00	x (number of years)		
	Former Commanding Of	fficer:			FREE	
	Widow/Widower** Honorary Membership				FREE	
	**Name of Crewmember:					
	Т			TOTAL AMOUNT DUE:		
		Select	a Paymen	t Option:		
	I am paying by check or money order made payable to "USS L. Y. SPEAR (AS-36) ASSOCIATION" and will submit my membership application with payment via postal mail. Please send me an invoice so I can pay with either credit card or PayPal account, and I will submit my membership application via e-mail.				t, and I will submit my	

Please note: The information collected on this form is strictly for the sole use of the USS L. Y. SPEAR (AS-36) Association and will <u>never</u> be sold or used for commercial purposes.

For office use:			
Membership App. received	embership App. received:		
Payment received:			
Membership ID Number:			
Membership Expires:			

Mail printed form to: USS L. Y. SPEAR (AS-36) Assn.

6916 Lamar Ave.

OR Overland Park, KS 66204

E-mail form to: pattykelso@usslyspear.org