



**U.S.S. ESSEXCV/CVA/CVS9/LHD2, INC**

## **ASSOCIATE MEMBERSHIP APPLICATION**

**\$25.00**

FILL OUT THIS FORM AND MAIL WITH ABOVE APPLICATION FEE TO:

**U.S.S. ESSEX ASSN.**

**Eugene Schmidt - Secretary / Treasurer**

**3823 Wyoming Ave SW**

**Wyoming, MI 49519-3659**

**Phone: (616) 534-7170**

**Email: schmidt.eugenej@att.net**

**MAKE CHECKS PAYABLE TO; USS ESSEX ASSOCIATION**

**PLEASE PRINT CLEARLY**

**\* REQUIRED FIELDS**

\* NAME: \_\_\_\_\_ \* BIRTH DATE: \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_

\* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP CODE: \_\_\_\_\_

\* PHONE: \_\_\_\_\_ \* EMAIL: \_\_\_\_\_

LIST MY EMAIL ADDRESS IN THE ASSOCIATION ROSTER \_\_\_YES \_\_\_NO

LIST MY PHONE/CONTACT INFO IN THE ASSOCIATION ROSTER \_\_\_YES \_\_\_NO

SPOUSE FIRST NAME: \_\_\_\_\_ OR CK HERE IF NONE \_\_\_

WHAT IS YOUR RELATIONSHIP / INTEREST IN THE ASSOCIATION \_\_\_\_\_

NAME OF SPONSOR, IF ANY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR ORGANIZATION? \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_