



U.S.S. ESSEX CV/CVA/CVS-9/LHD-2, INC
ASSOCIATE MEMBERSHIP APPLICATION

\$25.00

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

U.S.S. ESSEX ASSN.

Eugene Schmidt / Assistant 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 EMAIL ADDRESS ON THE ESSEX WEB SITE ___ YES ___ NO

SPOUSE FIRST NAME: _____ OR CK HERE IF NONE ___

NAME OF SPONSOR, IF ANY: _____

HOW DID YOU HEAR ABOUT OUR ORGANIZATION? _____

REMARKS: _____
