

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

LAST NAME*:		FIRS	ΓNAME:	NICKNAME:	
	*If different, LAST NAME wh	nile assigned to the	SPEAR: _		
SP	SPOUSE: EMA		L:	BIRTH	DATE:
STREET:				PRIMARY PH	ONE:
CITY	:	STATE:	ZIP COD	E: ALT PHONE:	
YEAR REPORT TO SPEAR: YEAR		YEAR LEFT	SPEAR:_	Highest RANK while	e aboard (ex:SK2):
Ship's Division/Shop/Office:				Pla	nk 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:					
				TOTAL AMOUNT DUE:	
		Select	a Paymen	t Option:	
0	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.				, 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:				
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