

USS SAMPSON ASSOCIATION MEMBERSHIP APPLICATION

Please provide the following information for our membership records.

Name			
	(last)	(first, MI)	(spouse)

Address			
	(street)	(city)	(state, zip)

Phone			
	(home)	(cell)	(fax)

Email		Birthday	
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Years on Sampson	from:		to:	
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(rank)	(rate)	(division)

____ Please register me as a REGULAR Member with full voting rights and send me a copy of Association Roster, By-Laws, periodic newsletter and all Notice mailings.
I enclose \$10.00 Annual Dues.

____ Please register me and/or my Spouse as an ASSOCIATE Member and send me a copy of By-laws and all Notice mailings.
I enclose \$5.00 Annual Dues.

PLEASE return to:

Ron Stevens Sr.
USS Sampson Secretary
1327 Leona St
Santa Maria, CA 93454

Along with check, payable to USS Sampson DDG10 for Annual Dues or Additional Donations.