

# AMERICAN ASSOCIATION OF NAVY HOSPITAL CORPSMEN

## Application for Membership

PLEASE PRINT ALL INFORMATION

NAME: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I would like for my phone and e-mail address listed in the roster. Yes \_\_\_\_\_ No \_\_\_\_\_

ANNUAL DUES ARE \$20.00 PER YEAR.

Date of Birth: \_\_\_\_\_

Life membership fees:

Age 18-35 \$450.00 \$38.00 per month for one year

Age 36-50 \$350.00 \$30.00 per month for one year

Age 51-65 \$250.00 \$21.00 per month for one year

Age 66-79 \$180.00 \$15.00 per month for one year

Age 80-older \$125.00 \$11.00 per month for one year

**ALL PAYMENTS MUST BE MADE WITHIN ONE YEAR FROM DATE  
REQUEST WAS MADE.**

SPOUSE'S NAME: \_\_\_\_\_

Rank at the time of discharge: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Would you like to purchase a copy of the Membership Roster? Yes \_\_\_\_\_ No \_\_\_\_\_

The cost for the roster is: \$10.00 + \$4.50 for shipping and handling.

Please select how you would like to receive your newsletter:

By regular mail: \_\_\_\_\_ By e-mail to (email address): \_\_\_\_\_

**THE NAMES IN THE ROSTER CANNOT/WILL NOT BE USED FOR ANY  
COMMERCIAL PURPOSE. THE ROSTER IS TO LOCATE AND CONTACT  
FORMER SHIPMATES ONLY.**

**SEND DUES AND MONIES FOR THE ROSTER TO:**

**Paul Denis Treasurer/Membership  
8185 Chianti Circle  
Clay, NY 13041**