AMERICAN ASSOCIATION OF NAVY HOSPITAL CORPSMENTM

Application for Membership (Rev 8/27/2023)

PLEASE PRINT CLEARLY ALL INFORMATION

ADDRESS: CITY, STATE, AND ZIP CODE: PHONE: E-MAIL: I would like for my phone and e-mail address listed in the roster. YesNo ANNUAL DUES ARE \$20.00 PER YEAR (Jan 1st to Dec 31st) New member Renewal: Life membership fees: Age 18-35	AME:	Nickname:	DOB:
CITY, STATE, AND ZIP CODE:			
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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 LIFETIME PAYMENTS MUST BE MADE WITHIN ONE YEAR FROM DATE REQUIWAS MADE or revert to annual dues. SPOUSE'S NAME: Military Retired: YES NO QUALS: AW, SW, FMF (Earned award between 1984 and 2006), FMFEWS, SS, ETC (Circle e earned) NEC(s): Dates of service: Conflicts: Please enclose a copy of your DD214 (Application and 214 will be verified and shredded)	NNUAL DUES ARE \$	20.00 PER YEAR (Jan 1st to	Dec 31st)
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	EC(s):	Dates of service:	Conflicts:
Would you like to purchase a copy of the Membership Roster? Yes No	ease enclose a copy of	your DD214 (Application a	and 214 will be verified and shredded)
The cost for the roster is: $$10.00 + 4.50 for printing, shipping and handling.	•	1.	
Please select how you would like to receive your quarterly newsletter:	ease select how you wo	ould like to receive your quar	terly newsletter:
By regular mail: By e-mail to (email address):	y regular mail:	By e-mail to (email addres	ss):

SEND DUES AND MONIES FOR THE ROSTER TO:

Paul Denis Treasurer/Membership 8185 Chianti Circle

Clay, NY 13041