

193rd SPECIAL OPERATIONS WING ASSOCIATION

Middletown, Pennsylvania

MEMBERSHIP APPLICATION

NAME: _____ DATE OF BIRTH: _____

RANK: _____ SPOUSE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home _____ Work _____ Cellular _____

E-MAIL ADDRESS: _____

MILITARY SERVICE

TOTAL SERVICE TIME: _____

TIME SERVED WITH 193RD SOW UNIT: _____

LAST SQUADRON ASSIGNED: _____

STATUS: _____ Current Member
_____ Retired (Date of Retirement) _____
_____ Former Member
_____ Affiliate

MEMBERSHIP DUES

_____ ANNUAL MEMBERSHIP **\$15.00**

_____ LIFETIME MEMBERSHIP (To determine what your dues will be, subtract your age from 100 and multiply that by three).

Membership shall run from **1 January to 31 December**. Dues paid after **1 October** will be applied to the next year.

CASH _____ CHECK _____ TOTAL PAID _____

E-Mail: solo@193sow.org

Web Site: www.193sow.org

SIGNATURE: _____ DATE: _____

If paying by check, mail this form and check to: **193rd SOW Association**
81 Constellation Court, Box 14
Middletown, PA 17057-5086

Revised: 4/15/07