U.S.S. SARATOGA ASSOCIATION CV-3 CVA-60 CV-60



APPLICATION FOR MEMBERSHIP

ast Nam	ie:			Firs	st Name:		f	Middle Initial:
Spouse N	lame:			Oth	ner Relati	ive joining:		
Mailing A	Address:							
City:					S	tate:	_ Zip Code:	
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Plank Ow	/ner	D	ivision or	Squadron				
How did	vou hear a	hout the	a IISS Sar:	atoga Assoc	intion?			
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							Date Signed	l:
Signature		Ann	ual Me	embersh			Date Signed	l:
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Signature Life N Age	1embers	Ann	ual Me Section	embersh	nip Fe	e: \$25.00	Date Signed Per yea Fee	ar 🗆
Signature Life N Age Up to 49	1embers Fee \$ 350.00	Ann	ual Me Section Age 50-55	embersh n: Fee	nip Fe	e: \$25.00 Age	Date Signed Per yea Fee	d:
Signature Life N Age Up to 49	1embers Fee \$ 350.00	Ann	ual Me Section Age 50-55 66-70	embersh 1: Fee \$ 300.00	nip Fe	e: \$25.00 Age 56-60	Per yea	d:

Make check payable to: <u>U.S.S. Saratoga Association</u>

You will receive your membership packet within 14 days. Complete this form and mail with your dues to:

USS Saratoga Association 447 Land 'Or Drive Ruther Glen, Virginia 22546