



# USS FORRESTAL CVA/CV/AVT-59 ASSOCIATION INC.

## MEMBERSHIP APPLICATION

FOR ASSOCIATION USE ONLY

Member No. \_\_\_\_\_

*Please Print or Type*

Name: \_\_\_\_\_  
Last First Middle Name of Spouse

Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Plank Owner? Yes  No  WestPac Crew? Yes  No  Decommissioning Crew? Yes  No

Date(s) Aboard: \_\_\_\_\_ Department, Division, Squadron, Etc.: \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_ Your Final Rank/Rate: \_\_\_\_\_

Active Military? Yes  No  Retired Military? Yes  No  If yes, Branch of Service: \_\_\_\_\_

Brief History of Your Military Service (*continue on separate sheet if necessary*): \_\_\_\_\_

**(Please Check the Appropriate Box to Select Your Desired Membership Term)**

1 Year (\$12.00)  3 Years (\$25.00)  5 years (\$40.00)  Life (\$75.00)

Are you also enclosing \$5.00 for a copy of the latest Membership Roster? Yes  No

**NOTICE:** It is **forbidden** to use or sell the Membership Roster for **any** form of Commercial Gain - **No Exceptions!**

*Optional Donations:* \$ \_\_\_\_\_ to help fund cost of mailings to keep members updated on and aware of current, unique, emergency, and /or special events.  
(**NOT** tax deductible)

\$ \_\_\_\_\_ to assist the Forrestal Association's Memorial Fund

\$ \_\_\_\_\_ to assist the Forrestal Association's Scholarship Program

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make check or money order payable to:  
Please mail this form and your check to:

*USS Forrestal CVA/CV/AVT-59 Association, Inc.*  
Jim Brussell, Secretary Treasurer  
PO Box 225  
Ft. Loramie, OH 45845-0225

QUESTIONS?  
Call (937) 295-2863  
Email: cva59@bright.net

Sponsoring Member's No. \_\_\_\_\_

# WELCOME BACK ABOARD!

(Revised 06/21/2003)