

ASSOCIATION MEMBERSHIP (RENEWAL) APPLICATION FORM

The USS Constellation CVA/CV-64 Association is a non-profit alumni association with the mission to serve members by helping to locate former shipmates, facilitate the planning of activities that serve the membership, and to hold annual reunions. The cost of membership is listed below. All former crew members or their family members, including ship's company, detachments, squadrons, and air groups are eligible to join our growing and outstanding Association.

PLEASE CIRCLE APPROPRIATE BOX BELOW

ANNUAL MEMBERSHIP / RENEWAL

LIFETIME MEMBERSHIP (SEE NOTE *)

1 year	2 years	3 years	4 years
\$15.00	\$28.00	\$40.00	\$52.00

< 51	51-55	56-60	61-65	66-70	71-75	76-80	> 80
\$350	\$300	\$250	\$200	\$150	\$100	\$50	\$10

New Member
 Associate Member
 Renewing Member
 Plank Owner—On board at commissioning

FIRST NAME	LAST NAME	MI	SPOUSE / PARTNER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
STREET ADDRESS		P.O. BOX / APT #	E-MAIL ADDRESS
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
CITY		ST	ZIP +
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	HOME PHONE
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DATE(S) SERVED ABOARD	BRANCH	DEPARTMENT / DIVISION	HIGHEST RANK / RATE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

- * NOTE: IF YOU ARE A NEW MEMBER REQUESTING LIFE MEMBERSHIP YOU MUST ALSO PAY A \$15.00 MEMBERSHIP FEE
- ** IF TIME PAYMENT IS SELECTED FOR LIFE MEMBERSHIP, THE FIRST PAYMENT MUST BE 10% OF THE TOTAL DUE . THE MEMBER THEN HAS 12 MONTHS TO PAY THE BALANCE.
- *** PROOF OF AGE (COPY OF DRIVERS LICENSE ETC) MUST BE SUBMITTED WITH LIFE MEMBERSHIP APPLICATION MEMBER THEN HAS 12 MONTHS TO PAY THE BALANCE.

ENCLOSED IS MY CHECK OR MONEY ORDER IN THE AMOUNT OF: \$ _____
 PLEASE CREDIT \$ _____ TOWARD MY DUES AND \$ _____ AS AN OPTIONAL DONATION TO BE USED TO HELP SUPPORT THE PROJECTS, FUNCTIONS AND ACTIVITIES OF THE ASSOCIATION.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
 USS CONSTELLATION CVA/CV-64 ASSOCIATION
MAIL TO:
 Steve Ribak - Membership Chairperson
 30 Cypress Lane Apt. #8
 Nashua, New Hampshire 03063
 HP: 603.459.8048 fax: 603-809-4575
 email: steven.ribak@comcast.net

THIS AREA FOR MEMBERSHIP CHAIRPERSON USE
 AMOUNT RECEIVED \$ _____
 MEMBERSHIP NUMBER _____
 EXPIRATION DATE _____
 DATE PROCESSED _____
 I CERTIFY THE ABOVE INFORMATION. THE APPLICANT IS A MEMBER IN GOOD STANDING WITH THE LATEST YEAR ANNUAL DUES PAID UP.
 SIGNATURE OF CHAIRPERSON _____