McChord Officers' Spouses' Club Membership Form

Today's date:	Γoday's date: Function:			
Member Informa	<u>ition</u>			
Name:		E-mail:		
Address:				
City:	State:	Zip:	Phone: ()	
Birthday:	We	edding Annivers	ary:	
I prefer to receive the	newsletter by:	∃E-mail □ U.S.	. Mail	
Check one: □ New n	nember? Retur	ning member?		
How did you learn ab	out OSC or who re	eferred you?		
I am interested in: \Box	serving on the OS	C Board 🗆 pla	anning social activities	
	□ planning/helpiı	ng with commur	nity service projects	
Spouse Informati	<u>ion</u>			
Spouse's Grade and f	ull name:			
Office Symbol/Squad	lron:		or Retired	
Dues are \$72/5 OSC year as follows: December—\$54; Janu \$18; July—\$12; Augu If you are new free trial membership	I from 1 September year and may be property of the september of the septem	rorated (\$6/montember—pay \$72 ary—\$42; March Cand your spouse	gust of the following year. hth) for PCS to/from McChord during the 2; October—\$66; November—\$60; n—\$36; April—\$30; May—\$24; June— he is a 2LT, you are eligible for a one-year w.mcchordosc.com.	
☐ McChord C Card # Signature	yment option □ Check \$ Club Card (If a retu	(Make paya urning member, a	are you currently being charged? Y/N) Exp. Date:	