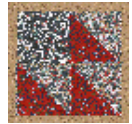


# FORT SILL PATRIOT SPOUSES' CLUB

2011-2012 Membership Application



APPLICANT INFORMATION		
Last Name	First	Date
Street Address		
City	State	ZIP
Phone	Birthdate	Spouse Rank
E-mail Address:		

MEMBERSHIP PREFERENCES	
Will you permit PSC to print your name, address, e-mail and phone number in the PSC membership directory?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you like to advertise your business in the PSC membership directory?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we e-mail the PSC monthly update to you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you like to volunteer for a board position? (if yes, write preference of position)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to volunteer on a committee?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Monte Carlo <input type="checkbox"/> Decorate Patriot Club <input type="checkbox"/> Gift Wrap <input type="checkbox"/> Golf Scramble <input type="checkbox"/> No Preference <input type="checkbox"/>	
Do you have a home based business?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, would you like to set up a table at a luncheon to display/sell your product and donate a gift of \$25 or greater value?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any hobbies or special talents you are willing to share with other members? (if yes, please write hobby/special interest)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you like to have a permanent reservation for the PSC luncheons? ( <b>paid in advance</b> )	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
<b>If I have a luncheon reservation, I understand that I will be responsible for payment regardless of attendance. I agree to abide by the Constitution &amp; By-Laws of the Patriot Spouses' Club of Fort Sill, OK, Inc.</b>	
Signature	Date

PAYMENT INFORMATION	
<i>To be completed by PSC Cashier</i>	
Payment methods accepted: Cash, Check, Visa, and MasterCard.	
Membership Type:	
E7 & Above (\$20) <input type="checkbox"/> E6 & Below (\$10) <input type="checkbox"/> CCC (\$5) <input type="checkbox"/> BOLC (\$5) <input type="checkbox"/> WOBC (\$5) <input type="checkbox"/> DOD Civilian (\$20) <input type="checkbox"/>	
Paid by: Check (# _____) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Date: _____	
<b>* *As with all RSVP's, if you <u>Do Not</u> cancel the Tuesday prior to the luncheon you will be responsible for the payment of your meal.</b>	