

MEMBERSHIP APPLICATION
USS CHARLES S. SPERRY (DD697) ASSOCIATION

Application for the following category (*) of membership (**check one**):

Initial Membership () **Membership Renewal** () **Associate Membership** ()

If Associate Member, please enter the name of Sperry Relative: _____

DATE OF APPLICATION: ____/____/____ **FOR CALENDAR YEAR** _____

NAME _____

SPOUSE'S NAME _____

ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

TELEPHONE _____ **CELL PHONE** _____

EMAIL ADDRESS _____

DATES SERVED ABOARD: FROM _____ **TO** _____

RATE: _____ **RANK:** _____ **DIVISION:** _____ **DEPT:** _____

DUES ARE **\$25.00** PER CALENDAR YEAR AND MAY BE PAID BY PERSONAL CHECK OR MONEY ORDER. **MAKE CHECKS PAYABLE TO: USS CHARLES S. SPERRY (DD 697) ASSOCIATION.**

MAIL PAYMENT WITH THIS APPLICATION TO:
USS CHARLES S. SPERRY (DD 697) ASSOC.
% GARY CHESSER, TREASURER
4044 Old Hwy 12
Starkville, MS 39759

Phone: 662-418-8115

Categories of membership in the USS Charles S. Sperry DD 697 Association:

Initial Membership: This is for former crewmembers that are joining the association for the first time.

Membership Renewal: This is for renewal and to update contact information.

Associate Membership: This is for relatives of current or former members. **The officers of the association will handle verification of relationships.**

FOR OFFICE USE ONLY:

M/SHIP CARD: _____
DUES: _____
TREAS. SS: _____
M/SHIP SS: _____
COMPUTER: _____
ROSTER: _____
EMAIL: _____