Date: \_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_NEW MEMBER**

\_\_\_\_\_\_\_**RECURRING MEMBER**

Membership Dues: $60yr Payment can be made via cash, check, or Club Card

\*Note: Spouses of E-1 to E-4 do not pay dues. Check here if this applies to you **[ ]**

HSC Member’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sponsor’s Organization \_\_\_\_\_\_\_\_\_\_

My Sponsor is (circle): Active Duty Retired Reserve DOD Other

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Note: Event Invitations, RSVP’s, newsletters, and notices are delivered via email)***

I permit the HSC to print my contact information in the Member Directory

(Available to HSC members only)

Yes No

I understand it is my responsibility to pay for all meals in which you RSVP for and do not cancel at least 72 hours prior to the event. Additionally, if you RSVP as a “maybe” and do not confirm an RSVP 72 hours prior to the event, your RSVP will be automatically changed to “no” and you will not be charged. If you have an RSVP within 72 hours and do not show to the event you will be charged for your meal unless another attendee purchases the meal. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial here).

*I understand that as a member we are jointly and severally liable for the obligations of the HSC and per the HS Constitition in accordance with the AFI 34-223.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please turn in this form (with payment) at any HSC Social or mail it to: Payment type: Cash \_\_\_\_\_\_\_

Hurlburt Spouses Club Check \_\_\_\_\_\_\_

Attn: Membership Card\_\_\_\_\_\_\_

PO Box 9218 Initials\_\_\_\_\_\_\_

Hurlburt Field, FL 32544

**Please fill out the next page ONLY if you want your Club Card charged for your Membership dues OR if you wish to have your acount charged for all meals at which you have replied “YES” and ordered a meal.**

**Credit Card Authorization**

 (Only Club Cards can be used for Monthly/Annual Dues)

Name on Card (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you an AF Club Member? YES NO

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: Mo

***\*\*Your card will continue to be charged monthly dues until which time you notify us to cancel your membership.***

\_\_\_\_ Please charge my account for my Annual Membership Dues for the 2016-2017 year (total of $60).

\_\_\_\_ Please charge my account as needed for HSC events for which I RSVP “yes” and order a meal.

Signature authorizing charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_