

Hurlburt Spouses' Club PO Box 631, Mary Esther, FL 32569 Membership Form 2017-2018

Date:	New Member	Returning Member
HSC Member's Name (Please Pri	nt):	
Sponsor's Name:	Sponso	r's Organization:
My Sponsor is (circle): Active Du	ıty Retired Re	serve DOD Other
Address:		
City:		
Phone:	Birthda	ny
Email:		
Membership Directory: Can we sl *(Available to HSC members only)  Volunteer Opportunities: Thrift Shop And	•	
Dues are based on sponsor's Al  (I E1-E4: \$15 === E5-E7/O1-02:  *Payment can be made via cash or chec **Monthly Socials and Special Activiti	Please circle one) \$25 === E8-E9/O	equivalent rank as follows:  3: \$40 === O4 and up: \$45
I understand that it is my responsibility to p (when a meal is ordered). If I do not cance I will be considered a "no-show" and billed	el my reservation by the de	eadline and I do not attend the event,
Signature:		Date:
Please turn in this form (with payment) at any I Hurlburt Spouses' Club	HSC Social or mail it to:	Payment type: CashCheck #
Attn: Membership PO Box 631 Mary Esther, FL 32569		Revd by Initials