



MEMBERSHIP APPLICATION

JUNE 1, 2019 – MAY 31, 2020

Name: _____

Address: _____

City/State/ Zip: _____

Phone Number: _____

Squadron or Organization _____

Spouse's Name _____

Birthday (Day and Month): _____ Anniversary (Day and Month): _____

Email (please print clearly) _____

As a member of WSC, when you attend socials or other WSC affiliated events, you may be photographed. These photos may be posted on the WSC website or Facebook page. I give WSC permission to use my name, likeness, image, voice, and/or appearance to promote and support WSC, its mission, and any all claims, which are in any way connected to such use. YES NO

I agree to follow the Constitution and By Laws of the Whiteman Spouse's Club

Signature: _____ TODAY'S DATE _____

Payment Options: Please make checks payable to: Whiteman Spouses' Club

____ One Payment of \$30 ____ Two Payments of \$15 (Total \$30) (Second payment due January 2020)

Amount Paid: \$ ____ Cash or Check#: _____ Credit/Debit Card _____ (transaction fee \$2) PayPal \$ _____

Please check any Volunteer Opportunities you are interested in:

____ Thrift Shop ____ Fundraising Activities ____ Board Position

The Whiteman Spouses' Club is a social organization "United through community, Charity and Friendships". This is a private organization and the members are jointly and severally liable for the obligations of the WSC. It is not a part of the Department of Defense or any of its components and it has no governmental status.

Mail your application to: WSC-Membership, PO Box 7025, Whiteman AFB, MO 65305

What type of Member are you?

ACTIVE / ASSOCIATE / HONORARY

Active - Spouse of Active Duty Members

Associate - Spouses of Retired, Civilians, Reserve and Guard Member

Honorary Member – Approved by Executive Board