

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

Date:	New Member	Returning Member
HSC Member's Name (Please Pr	int):	
Sponsor's Name:	Sponsor's Organization:	
My Sponsor is (circle): Active D	uty Retired Reserv	ve DOD Other
Address:		
City:		
Phone:	Birthday	
Email:	VP's, newsletters, and notices are	
Membership Directory: Can we s *(Available to HSC members only) Volunteer Opportunities: Thrift Shop An	·	
Dues are based on sponsor's A	D, retired or civilian equal Please circle one) \$25 === E8-E9/O3: \$	40 === O4 and up: \$45
I understand that it is my responsibility to (when a meal is ordered). If I do not canc I will be considered a "no-show" and bille	el my reservation by the deadling	ne and I do not attend the event,
Signature:	I	Date:
Please turn in this form (with payment) at any Hurlburt Spouses' Club	HSC Social or mail it to:	Payment type: CashCheck #
Attn: Membership PO Box 631 Mary Esther, FL 32569		Revd by Initials