

Hurlburt Spouses' Club PO Box 631, Mary Esther, FL 32569

Date:	New Member		Returning Member	
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, RSV	P's, newslette	rs, and no	tices are	delivered via email)
Membership Directory: Can we share *(Available to HSC members only)	your informa	tion? Yes	s No	
I am interested in these Volunteer (Opportunities	:		
Thrift Shop Char	rity Auction	Helpi	ing Hand	s Board Position
Dues are based on sponsor's E1-E4: \$20 === E5-E7/O1-0	(Please circ	le one)	-	
*Payment can be made via cash or check **Monthly Socials and Special Activities	. Card payment	s may be av	vailable a	•
I understand that it is my responsibility (when payment is required), including deadline and I (or my guest) do not at accordingly (Initial here).	g that of a gue	st. If I do	not cance	el the reservation by the
Signature:	Date:			
Please turn in this form (with payment) at any Hurlburt Spouses' Club Attn: Membership PO Box 631 Mary Esther, FL 32569 Revised 8/2019	y HSC Social or	mail it to:		Payment type: Cash Check # Rcvd by Initials