

Application for Membership

Military Sea Services Museum, Inc. Sebring, Florida

Date: _____

Name: _____
(Last, First, Middle Initial)

Marital Status: _____
(M/S)

Spouse's Name: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Present/Former Occupation: _____

Spouse's Present/Former Occupation: _____

Would you serve on a board or committee if nominated? Yes ____ *No* ____

Please enclose a check for \$25.00 annual ____ *\$100.00 5 year plan* ____ *or*
\$250.00 Life Membership ____.

(For Museum use only: _____ Membership#).

(Expiration Date: _____).

Please mail application and check to:

*Military Sea Services Museum, Inc.
1402 Roseland Avenue
Sebring, FL 33870*

(MembershipApplication.doc)