

Sterett Association

Membership Application / Renewal Form

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____

E-Mail Address (if applicable): _____

Rate / Rank while aboard Sterett: _____

Date you reported aboard Sterett: (Month & Year) _____

Date you departed Sterett: (Month & Year) _____

What you have done after Sterett: Duty assignments, jobs, moves etc (OPTIONAL) _____

What you are doing now: Where you live, your job/company, family etc. (OPTIONAL)___

1 Year Membership - \$20/Year Check Year(s) and calculate total

2008 () 2009 () 2010 () 2011 () 2012 () 2013 () 2014 () 2015 ()

Other _____ () Tax deductible donation ()

TOTAL ENCLOSED \$ _____

Make checks payable to USS STERETT ASSOCIATION

Mail to: Don Hageman 504 Chestnut Court La Plata MD 20646
