

THE STAR FORT CHAPTER

"Never Stop Serving"





THE STAR FORT CHAPTER **Post Office Box 1501** Greenwood, South Carolina 29648-1501

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APPLICATION FOR CHAPTER MEMBERSHIP

NAME:				
	(As you want it to a	ppear on your nan	ne tag)	
SPOUSE'S NA	ME:			
	AME:(As you wan	nt it to appear on y	our name tag)	
BRANCH OF MILITARY SERVICE:				RANK:
	Active Duty	Retired	Widow/Wido	ower
	NGForm	ner Officer	_ Reserve Offi	cer
Mailing Addres	ss:			
Email Address:	·			
Telephone Nun	nber Home:		Cell:	
National MOA	A Membership Numbers	:		
Payment of An	nual Dues and Name Ta	g Order		
Membership fo	or Surviving Spouses is F	Free:		
Annual Dues:	1 Year(\$20)	_ 2 Years(\$35)	3	Years(\$50)
Name Tag:	Member(\$14)	Spouse(\$14))	
	Please print and ma Star Fort Chapte		n with your chec	ek to:

ATTN: Treasurer & Membership

P. O. Box 1501

Greenwood, SC 29648-1501