



Please fill out and mail to:
P.O. Box 70292
Fort Bragg, NC 28307
Make Checks Payable to FBAOSC

FBAOSC Membership Application (1 SEP 2009 – 31 AUG 2010)

**** PLEASE PRINT****

Name _____ Home Phone _____
Last First MI. Cell Phone _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Birthday Month _____ Day _____

Spouse's Name _____ Rank _____ Unit _____

New member _____ Referred By _____ Returning Member _____

**Membership Dues are \$25.00.
Lieutenant, WO1/CW2, and Retiree Memberships are \$12.50.**

I am interested in volunteering with the following committees:

_____ Yule Mart _____ Hospitality _____ Programs

_____ Buy & Bragg _____ Spring Fundraisers _____ Other

_____ (initial) **I received a copy of the FBAOSC Reservations Policy. I read and understood the policy and agree to abide by its terms.**

I hereby consent that the information on this application may be used in the FBA OSC directory and/or for FBA OSC related activities.

Signature

Date

I have a home-based business that I would like to list in the FBAOSC directory:

Name: _____ Business: _____

Phone: _____ Business E-Mail: _____

FOR OFFICE USE ONLY:

Date _____

Amount Received \$ _____ Rc'd by: _____ Paid by: Cash _____ Check _____