



Membership Application 2018-2019

Name _____ Email _____
Mailing Address _____
Phone _____ Cell Phone _____
Birthday (Month/Day) _____ Hometown _____
Spouse's Name _____ Rank _____
Branch of Service _____

Please circle one: Active Duty Retired Deceased Guard Reserves

Applying for which Membership Type: (Please circle one.) Honorary Regular Associate

_____ Yes, I am interested in serving on the DMOSC Board

_____ Yes, I would like to receive email correspondence from the DMOSC

_____ Yes, I give permission to print my member information in the Member Directory

_____ Yes, I have read the DMOSC Bylaws, Constitution, and Policies and Procedures and agree to all stated therein.

Membership fee is \$50.00, please make check payable to DMOSC and mail to:

DMOSC Membership, PO Box 15280, Tucson, AZ 85708

or bring this form with your payment to any DMOSC function. Membership is waived for Lieutenant spouses who have never been a member of the DMOSC.

Please go to www.dmosc.org for more information or email the Membership Chair at membership@dmosc.org

As written in the Policies and Procedures, non-walking children under the age of one year are allowed at DMOSC functions. If the child is crying or disruptive, the parent may be asked to step out of the room as a courtesy to the speaker and other members until the child is quiet.

This is a private organization. It is not a part of the Department of Defense or any of its components and it has no governmental status.