



FIRST SPECIAL SERVICE FORCE ASSOCIATION
P.O. Box 163209, Sacramento, CA 95816 - 9209

MEMBERSHIP APPLICATION
2019-2020

NAME _____

ADDRESS _____

CITY/TOWN _____

STATE/PROVINCE _____

ZIP+4 / POSTAL CODE _____

EMAIL ADDRESS _____

MAY WE EMAIL THE SPEARHEAD TO YOU AT THE ABOVE ADDRESS: Y N

ACTIVE MEMBER (FSSF Veteran): Company and Regiment _____

ASSOCIATE MEMBER

Relative of FSSF Veteran:

Name of FSSF Veteran _____

Military (Active Duty / Prior Service):

Name of Unit(s) _____

Friends of the Force:

Organization or Affiliation associated with FSSF _____

Dues for Associate Members is \$30 US per year (July 1 to June 30)

Please mail your payment, along with this Application form, to the address shown above.

Payment: Cash, Check (Payable to First Special Service Force Association), Credit Card

Thank you for your support.

Dave Waling, Treasurer

Credit Card Payment Information: If you are paying by credit card, please provide the information listed below. **All credit card information provided will be shredded immediately following the completion of the credit card transaction.**

Card Holder Name (as appears on card): _____

Credit Card **Billing** Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Credit Card Number: _____

Expiration Date: _____ Credit Card Security Code: _____