



CHERRY POINT
OFFICERS' SPOUSES CLUB

MCAS CHERRY POINT OFFICERS' SPOUSES CLUB

2011-2012 MEMBERSHIP FORM

*Annual Membership Dues: \$20

Annual Year runs from June 1 – May 31

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday (month/day): _____

Spouse: Name: _____

Rank: _____

Branch of Service: _____

Active or Retired: _____

Unit Assignment: _____

May we include your information in our membership directory? Yes _____ No _____

May we include your e-mail in our group e-mail list? Yes _____ No: _____

Newsletters will be distributed to the membership by email unless otherwise requested.

Please mail this form and your dues (checks payable to OSC) to:

Cherry Point OSC/Membership
P.O. Box 2201
Havelock, NC 28532

For more information visit our website: www.cherrypointosc.org

For OSC Use Only : Date Paid _____ Check # _____