



# MHAFB OSC Membership Form

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City* *State* *ZIP Code*

Home Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Anniversary: \_\_\_\_\_  
(year not required)

Spouse's Name: \_\_\_\_\_

Spouse's Rank: \_\_\_\_\_ Spouse's Organization: \_\_\_\_\_

Type of Membership:  New  Renewal  Social

Method of Payment:  Cash  Check

Please answer the following questions if you are a new member to MHOSC:

1. Are you/your spouse members of the Officers' Club?  
 Yes  No
2. Please indicate how you would like to receive your Welcome Packet.  
 E-Mail  Paper
3. I give Permission to the MHOSC to include my contact information in the MHOSC Member Directory.  
 Yes  No
4. I give permission to the MHOSC to publish my photograph on the MHOSC website and at activities.  
 Yes  No