



MEMBERSHIP APPLICATION

USS MARVIN SHIELDS ASSOCIATION



Type of Membership:

- Voting \$25 fee Regular (no fee) Associate (no fee)

(Please Print)

Name: _____ **Date:** _____
Last First MI

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **E-mail:** _____

Years stationed aboard the USS Marvin Shields: 19__ to 19__
Rate/Rank _____ (Highest while aboard)

Those applying for an Associate membership shall provide their contact information as listed above and the following information about the relative who served aboard the USS Marvin Shields:

Name: _____ **Relationship:** _____
Last First MI Husband, Father

If known, fill in the information about the years aboard and highest rate/rank.

Comments:

Notes: Please send application to the address listed below. If you are applying to be a voting member of the association, please include a check or money order for \$25.00. Make them payable to the 'USS Marvin Shields Association.'

Association Address: USS Marvin Shields Association
9037 Mansfield
Morton Grove, IL 60053

Attn: Bill Morgan