



**Treasure Coast 10-13 Inc.
PO Box 85-7854
Port St. Lucie, FL 34985-7854**

Application For Membership – \$25.00 / Year

Please print in block letters

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____ Cell or Mobile (please circle one)

SPOUSE'S NAME _____

DOB _____ DATE APPOINTED _____

COMMANDS _____

LAST COMMAND _____

SERVICE RETIREE _____ ORDINARY DIS _____ $\frac{3}{4}$ DISABILITY _____ (Please check one)

NEW _____ RENEWAL _____ (Please check one)

IF ASSOCIATE MEMBER – WHO REFERRED YOU? _____

DO YOU WISH TO RECEIVE THE NEWSLETTER BY EMAIL? YES NO (Please circle one)

SIGNATURE _____



SGT AT ARMS SIGNATURE _____