



THE VO-67 ASSOCIATION
"A BROTHERHOOD"

Membership Application

(You may make additional copies of this application if needed for anyone wishing to join)

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

Home Phone: (____) _____ E-Mail Address: _____

Please add me to the VO-67 E-mail list: Yes ___ No ___ **You may also use this form to update contact information**

PLEASE CHECK ONE OF THE FOLLOWING:

- I am a Charter member of the VO-67 Squadron and wish to become a voting "Active Member" of the VO-67 Association. Annual Dues of \$10.00 **Number of years** _____
- I wish to become an "Associate Member" of the VO-67 Association. I must be 18 years of age to vote. Annual Dues of \$10.00 **Number of years** _____
- I wish to become a "Life Member" of the VO-67 Association. One time dues fee of \$110.00. I must be 18 years of age to vote. Life membership is open to anyone.

I agree to the purposes of the VO-67 Association:

1. To honor and maintain the memory of our Shipmates.
2. To preserve and promote VO-67 Squadron Naval history.
3. To provide an annual college "Scholarship Grant" in memory of VO-67 squadron members, both living and deceased, for the benefit of Active, Associate, Life and Honorary Life members families.

Please sign _____ Please visit the VO-67 Web Site WWW.VO-67.org

Optional:

Please accept my additional donations to the "VO-67 Association" funds, as indicated below.

General Fund \$ _____

Scholarship Fund \$ _____

Memorial Fund \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Please send this completed Membership Application and Payment to:

Jim Rybolt Secretary
VO-67 Association Treasurer
4412 Wolf Way
Antioch, Ca. 94509

