



SPARTAN ASSOCIATION

P.O. Box 1762

Fort Drum, NY 13602

Application for Membership

(Please print or type)

Active Membership (Active Duty/Veteran/War Veteran)

Name _____
(Last) (First) (M.I.)

Brigade _____ Battalion _____ CO/BTRY/TRP _____

Address _____ City _____ State _____ ZIP _____

Home of Record _____

Spouse _____

Phone _____ E-Mail _____

BASD _____ Combat/Hazardous Duty Tours _____

Preferred Method of Contact E-Mail Phone Mail All are fine

Special Membership (Spouse/All others)

Name _____ Spouse's Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ E-Mail _____

Preferred Method of Contact E-Mail Phone Mail All are fine

Make checks Payable to: **SPARTAN ASSOCIATION**

(NSF will result in a \$25.00 service fee)

Annual Dues Schedule

E1 - E4	\$5.00	_____
E5 - E6	\$10.00	_____
E7 - Officer, WO	\$15.00	_____
Lifetime Membership	\$50.00	_____
Donations	\$	_____
Total	\$	_____

FOR OFFICIAL SPARTAN ASSOCIATION USE ONLY

Received by: _____

Date: _____

Cash

Check # _____

Sent to Member

Sent to Unit

v. 03.08.09