



# Ft. Wood Community Spouses Club

## 2007-2008 Membership Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Status: Active, Retired or Deceased

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May we include information in our Membership Directory? Yes or No

Do you have teens who baby sit, does lawn care, pet sit etc? Would you like their names in the FWCS Directory advertising their services? Please list name, age and service below.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Service: \_\_\_\_\_

Would you be interested in helping in any of the following areas? **PLEASE CIRCLE**

1<sup>st</sup> VP (Membership) 2<sup>ND</sup> VP (luncheons) Secretary Treasurer Reservations Scholarship

Ways n Means Welfare Activities Craft Fair Basket Auction Historian (photographer)

Postscripts (newsletter) Public Relations Wild West Night

### Eligibility Requirements

**FWCSC is an ALL-RANKS organization open to all Armed Forces personnel: active-duty, reserve, National Guard, retired military, surviving spouses and active or retired DOD civilian employees or spouses**

Types of Membership: **CHECK ONE** Full Year \_\_\_\_\_ (active, retired military or DOD, DA civilians)  
Associate \_\_\_\_\_ (not eligible under above requirements may  
for approval based on membership percentage)

**Membership dues:** \$20.00 a year (9 month year, June 1 to May 31)

**Permanent Reservation:** Would you like to be on Permanent Reservation? **YES OR NO**

By circling YES, this means you will have a seat for all luncheons and do not have to contact the Reservation chair. You must cancel if you are unable to attend by calling the Reservation chair by 10:00am the Tuesday prior to the luncheon or you will be responsible for payment.

My signature below certifies that I *have read* the clubs Constitution as provided to me and agree with them. Members also agree that the FWCS shall not be liable for any loss, theft, personal injury, property damage or other liability arising from FWCS activities and or/luncheons

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to **FWCSC** and may be sent to:  
FWCSC attn Membership, PO BOX 238, Ft. Leonard Wood, MO 65473  
Any questions please contact **Kathy Smith at [fwcscmembership@yahoo.com](mailto:fwcscmembership@yahoo.com) or 329-5491**

Club use only/ Membership Number: \_\_\_\_\_ Date Received \_\_\_\_\_ Payment type cash/check# \_\_\_\_\_