



**FT. WOOD COMMUNITY SPOUSES' CLUB 2008-2009  
MEMBERSHIP APPLICATION**

Please print clearly

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Spouse's name \_\_\_\_\_ Status: Active Retired Deceased N/A

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have any teens who baby-sit, does lawn care, pet sit or etc? If so, please list below

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

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

May we include above information in the FWCSC Membership Directory? Yes or No

Would you be interested in helping in or holding positions in any of the following areas? Please circle:

1<sup>st</sup> VP (membership) 2<sup>nd</sup> VP (programs) Secretary Treasurer Reservations Scholarship  
Ways & Means Welfare Activities Basket Auction Craft Fair Historian (photographer)  
Hospitality Postscripts (newsletter) Public Relations Wild West Night

Would you like to be on **PERMANENT RESERVATION** list for each **DAY** time function? 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 or emailing the Reservation chair by 10:00 a.m. the Tuesday prior to the luncheon or you will be responsible for payment.

My signature below certifies that I **HAVE READ THE CLUB'S CONSTITUTION** as provided to me and agree with them. I **HAVE READ BYLAWS 4a MEMBERSHIP** as provided to me and agree. Members also agree that the FWCSC shall not be liable for any loss, theft, personnel injury, property damage or other liability arising from FWCSC activities and/or luncheons.

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

**ELIGIBILITY REQUIREMENTS**

**FWCSC is an ALL-RANKS organization** open to all Armed Forces personnel: Active-Duty, Reserve, National Guard, Retired Military and surviving spouses and active or retired DOD Civilian Employees or spouses

**TYPE OF MEMBERSHIP: FULL YR** \_\_\_\_\_ (spouses of active, retired Military or DOD, DA Civilians)

**ASSOCIATE** \_\_\_\_\_ (not eligible under above requirements: may apply for approval based on membership percentages)

**Membership dues:** \$20.00 a year

**Mail completed applications: FWCSC, PO BOX 238, FLW, MO 65473 ATTN: Membership**

If you have any questions please call Beth Holsather at 573-336-4647 or email fwcscmembership@yahoo.com

**BELOW IS FOR CLUB USE ONLY:**

Membership Number: \_\_\_\_\_ Date received: \_\_\_\_\_ Payment type: cash / check # \_\_\_\_\_