



**FT. WOOD COMMUNITY SPOUSES' CLUB
2010 – 2011 MEMBERSHIP APPLICATION
www.fortwoodspousesclub.org**

Name: _____ Birthday: _____

Mailing Address: _____ City: _____

Email Address: _____ Phone Number: _____

Spouse's Name _____ Unit: _____

Status of Spouse: Active Reserve National Guard Retired Other

Would you be interested in helping in or holding positions in any of the following area?

1 st VP (Membership)	2 nd VP (Program)	Historian (Photographer)	Postscripts (Newsletter)	Spring Fundraiser (Basket Auction)
Secretary	Treasurer	Welfare	Actives	Craft Fair
Ways & Means	Public Relations	Reservations	Scholarship	Hospitality

Please read and initial the following statements and conditions:

_____ I would you like to be on the **PERMANENT RESERVATION** list for each **DAYTIME** function. All permanent reservation members must cancel their standing RSVP with the Reservation Chair no later then 10 AM the Tuesday prior to the event. Permanent Reservation members without a cancelation will be charged regardless of event attendance.

_____ I release my name, address, phone number, and email for publication in the **2010 – 2011 FWCSC Directory**. **IF NOT INITIALED, MEMBERS INFORMATION WILL NOT BE INCLUDED IN THE DIRECTORY.**

_____ I understand this directory is for private use only and the information within is for personal use only and not for distribution. **IF NOT INITIALED, MEMBER WILL NOT RECEIVE A DIRECTORY.**

FWCSC IS GOING GREEN



Our monthly newsletter, POSTSCRIPTS, will be emailed to you to ensure timely deliver and to save a TREE or two. **A hard copy option is available for \$5**, to cover printing and postage. If you prefer to receive monthly hard copies by mail please initial _____

ELIGIBILITY REQUIREMENTS

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

TYPE OF MEMBERSHIP AND DUES:

- _____ **FULL YEAR \$20** (Spouses of Active-Duty, Retired Military or DOD, DA Civilians)
- _____ **HALF YEAR \$10** (Spouses of Active-Duty Students Status Date: ___ to ___)
- _____ **ASSOCIATE \$20** (not eligible under above requirements: may apply for approval based on membership percentages)

My signature below certifies that I **HAVE READ THE CLUB'S CONSTITUTION** as provided to me and agree with them. I **HAVE READ THE 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:** _____

For Internal Use Only

Date _____
Dues _____ Postscripts _____
Cash _____ Ck # _____
Thank You _____ Directory _____

FWCSC ATTN Membership
PO BOX 238
Ft. Leonard Wood, MO 65473

If you have any questions please contact:
Maggie Hollinger at 573-452-2162
fwcscmembership@yahoo.com