



# MEMBERSHIP APPLICATION FORM

Welcome Aboard Squadrons & Shipmates of the  
U.S.S. Franklin D. Roosevelt & U.S.S. Midway



Before filling out this form please read the **“APP INFORMATION”** Page on the web site. It will explain the various types of memberships & fees. Please call (See Below) if there are any questions about eligibility.

NAME \_\_\_\_\_ /\_\_\_\_\_/19  
First Middle Last Birth date  
Month Day Year

MAILING ADDRESS \_\_\_\_\_  
Unit or Apt Number

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ /\_\_\_\_\_/19 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Optional Month Day Year  
Anniversary Date

HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_\_) \_\_\_\_\_  
Optional

E-MAIL ADDRESS \_\_\_\_\_ PLANK OWNER? YES NO  
On board when ship was commissioned or re-commissioned

MIDWAY  
I SERVED ABOARD  ROOSEVELT 19\_\_\_\_ to 19\_\_\_\_ | \_\_\_\_\_  
 BOTH Years Aboard Detachment, Division, Squadron or Department

I SERVED IN SQUADRON \_\_\_\_\_ 19\_\_\_\_ to 19\_\_\_\_  
Official Name Nickname Years Served

I SERVED FOR \_\_\_\_\_ YEARS in the \_\_\_\_\_ USN \_\_\_\_\_ USNR \_\_\_\_\_ USMC \_\_\_\_\_ ARMY \_\_\_\_\_ USAF \_\_\_\_\_ USCG

RATE & RANK AT DISCHARGE \_\_\_\_\_ I WAS A POW FOR \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
YEARS MONTHS DAYS

PLEASE LIST NAMES OF PERSONNEL YOU WISH FOR THE ORGANIZATION TO FIND, WHO SERVED IN YOUR DETACHMENT, DIVISION OR SQUADRON DURING THE TIME YOU SERVED. **HOMETOWNS ARE VERY IMPORTANT.**

**MUST LIST AGE MUST LIST AGE**  
1 \_\_\_\_\_ age \_\_\_\_\_ 4 \_\_\_\_\_ age \_\_\_\_\_  
2 \_\_\_\_\_ age \_\_\_\_\_ 5 \_\_\_\_\_ age \_\_\_\_\_  
3 \_\_\_\_\_ age \_\_\_\_\_ 6 \_\_\_\_\_ age \_\_\_\_\_

Please provide as much information as you can remember, full name and middle name if known, ages, spouse's name, & **TOWN & STATE.**

I have read all the information regarding my application for membership. I fully understand the amount of annual dues that I will have to pay each year during the month of July if I choose to remain active. I understand all the By-Laws are available to me on the Squadrons & Shipmates' web site.

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ /\_\_\_\_\_/20

PLEASE MAIL APPLICATION AND CHECK OR MONEY ORDER TO: **SQUADRONS & SHIPMATES OF THE FDR-MIDWAY**  
**346 CARPENTER DRIVE SUITE # 29**  
Check Amount \_\_\_\_\_ **ATLANTA, GEORGIA 30328-5029 (404) 497 0943**

MEMBERSHIP NUMBER \_\_\_\_\_ SPONSORED BY \_\_\_\_\_ SPONSOR'S LAST NAME SPONSOR'S MEMBERSHIP NUMBER  
(ASSIGNED BY OFFICE)