

## 2008-2009 CGSA Membership Application

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

Address: \_\_\_\_\_ Anniversary: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Status: Active Duty \_\_\_\_\_ Retired \_\_\_\_\_ Duty Station \_\_\_\_\_

Children's Names and Year of Birth: \_\_\_\_\_

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### TYPES OF MEMBERSHIP

\_\_\_\_ Regular \$20: Spouses and widows(ers) of active duty and retired Coast Guard, Coast Guard Reserve, and Public Health Service Members

\_\_\_\_ Associate \$20: Spouses and widows(ers) of active duty and retired members of other uniformed services, Coast Guard Auxiliary, adult relatives of the immediate family of Coast Guard members, Coast Guard Civil Servants, and Coast Guard members functioning as single parents who are interested in the mission of the CGSA.

I do \_\_ do not \_\_ give permission to be included in the CGSA Telephone Directory to be distributed to the club members.

\_\_\_\_\_ I am interested in more information of groups and clubs of the CGSA.

\_\_\_\_\_ I am interested in advertising my business in the CGSA Directory and monthly newsletter. (There is a \$15 charge for advertising in the directory.)

If you have children that like to babysit, we would like to list their names and ages in our directory as a service for our members. Please give their name, age and phone number. **\*Please bring this form to the Welcome Tea or mail it to CGSA, P.O. Box 13077, Aiea, HI 96701**