

*Yes, I want to join the 193rd SOW Association
to support and strengthen my family*

193rd SOW Association
81 Constellation Court #14
Middletown, Pa 17057



Name: _____ Date of Birth: _____ Rank: _____

Spouse: _____

Address: Street _____

City _____ State _____ Zip: _____

Phone Contact — Home: _____ Work: _____

Cell: _____ email address: _____

Total service time: _____ Time served with the 193rd SOW: _____

Last Squadron assigned: _____

Current status: _____ Current Member _____ Retired (Please indicate date)

_____ Former Affiliate

_____ Annual Membership \$15.00

_____ Lifetime Membership (to determine your dues, subtract your age from 100 and multiply that by three)

Membership shall run from 1 January to 31 December.

Dues paid after 1 October will be applied to the next year

Method of payment: _____ Cash _____ Check (please include check number)

Credit or Debit Card at <https://www.paypal.me/193SOW>

Total Paid: _____ Applicant Signature _____