

Spangdahlem Spouses and Enlisted Members Club



MEMBERSHIP APPLICATION

Please complete the following information

| | | |
|---|---|-------------------------------------|
| Last Name, First Name | Rank (<i>AD/Civ</i>) | DEROS (<i>Mo/Yr</i>): |
| Spouse Name | | |
| Mailing Address (<i>Box Number</i>): | | On / Off Base (<i>Circle One</i>) |
| Home or Cell Number: | | |
| Squadron/Unit/Organization | | |
| ID Card Holder: YES / NO (<i>Circle One</i>) | If NO, list Passport Number: | Country of Issue: |
| The following information is required for updates, invites & acknowledgements. Please fill in the full dates. | | |
| Email Address | | |
| Birthdate (<i>Month, Day, Year</i>) | Anniversary (<i>Month, Day, Year</i>) | |

STATUS

| | |
|--|---|
| <input type="checkbox"/> NEW Member (<i>12 month membership, \$30</i>) <input type="checkbox"/> You would like to have a "seasoned" member greet you and introduce you to other members at your first dinner. | <input type="checkbox"/> RENEWING Annual Membership Board Members list position _____ <input type="checkbox"/> You would like to help welcome our new members |
|--|---|

VOLUNTEER OPPORTUNITIES (*Circle areas of interest*)

| | | | | | | |
|------------|--------|-------------|--------------|-------------|----------------|--------------------------|
| Activities | Bazaar | Hospitality | Scholarships | Thrift Shop | Ways and Means | Community Outreach Funds |
|------------|--------|-------------|--------------|-------------|----------------|--------------------------|

SKILLS & TALENTS

Do you have any special skills or talents that you would be willing to share with other members?

Do you have teenagers who would like to offer services (i.e. baby-sitting –*must be Red Cross certified*, lawn mowing, dog watching, etc)?

CHILDCARE: Members are entitled to free childcare for all general meetings – up to \$5.00/hour with a max of \$10 total childcare reimbursement. **Spouses are not bona fide baby-sitters; therefore they do not receive this entitlement.**

AGREEMENT: I understand that according to the SSEMC Constitution, Article II, Section 3, "Members may be personally liable to creditors if the assets of the organization are insufficient to discharge liabilities." I am aware that any reservation for an SSEMC function must be paid for unless it is canceled within the specified time period. No additional reservation will be accepted for that individual until all previous obligations are paid. ***I also understand that it is my responsibility to contact Membership should my contact information change.*** By signing this form you give permission for all information provided on this form and any pictures taken at our events to be printed in the SSEMC newsletter, directory, and SSEMC publicity mailings.

Signature _____

Date _____

Please mail all forms and make checks payable to: "SSEMC"
52 SVS/SVA, Unit 3670 Box 170, APO AE 09126

Internal Use Only

| Date Received | Cash or Check # | Received by | Expiration Date |
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