2017 MEMBERSHIP DUES / RENEWAL FORM
USS NITRO ASSOCIATION

* *denotes required fields*

Crewmember name:* _____ Associated name: _____

Address:* _____ Address: _____

City:* _____ City: _____

State:* _____ Zipcode:* _____-_____ State: _____ Zipcode: _____-_____

Spouse's first name: _____ Phone: _____

Email: _____ Email: _____

Phone: _____ Rank/Rate: _____ Comments?

Division: _____ Nitro tour: Yr _____ to Yr _____

Military Service dates from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Year: **2017** **Make check or money order payable in US Funds to: USS NITRO ASSOCIATION**
(Jan - Dec)

Sub Totals

[ ] **CREWMEMBER dues** x **$25.00** (s/h included) _____

[ ] **ASSOCIATED dues** x **$14.80** (s/h included) _____

[ ] Donation to **Nitro Association Scholarship Fund** _____

_____
TOTAL

SEND DUES AND FORM TO:
USS NITRO ASSOCIATION
c/o Robert Peiffer
PO BOX 1254
MISHAWAKA IN 46546-1254 USA

☐ Check or Money Order

Credit Card Number MM YY

Signature SVC CODE

_____