MEMBERSHIP APPLICATION 2019-2020

**The Parents Club of West Point (“PCWP”)**, now in its 43rd year, invites you to become a member or to renew your membership. Our Cadets experience a unique and exciting journey with many challenges and unknowns. Parents help and support each other in order to fully appreciate and enjoy the West Point experience. The PCWP holds all activities at West Point.

Your Cadet can join us at any of our activities. We meet at various locations on post to see and learn more about the Academy. All memberships are per a family. With your membership you will receive:

• Annual family membership registration for you and your family.

• Our 2019-2020 Membership Directory.

• Free or reduced admission for your Cadet(s) to our activities.

• Two Membership Name Badges.

• Our PCWP newsletter, email notifications and mailings regarding meetings and special events.

Additional useful information can be found on the website. [**www.parentsclubofwestpoint.org**](http://www.parentsclubofwestpoint.org)

Check the application type below:

**New Membership** **/ $75.00**

**Renewal Membership / $60.00**

**Club Alumni Membership** **/ $40.00**

\*Memberships received after August 1, 2019 will not be included in the 2019-20 Membership Directory.

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| **PRIMARY APPLICANT:**  **Please print clearly:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LAST NAME FIRST NAME**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS CITY STATE ZIP CODE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MOBILE PHONE ALTERNATE PHONE**  **BY PROVIDING YOUR EMAIL BELOW YOU GRANT PERMISSIONS TO PCWP TO SUBSCRIBE YOU TO OUR NEWSLETTER AND EMAIL COMMUNICATIONS:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **EMAIL** |

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| **CO-APPLICANT:**  **Please print clearly:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LAST NAME FIRST NAME**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS CITY STATE ZIP CODE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MOBILE PHONE ALTERNATE PHONE**  **BY PROVIDING YOUR EMAIL BELOW YOU GRANT PERMISSIONS TO PCWP TO SUBSCRIBE YOU TO OUR NEWSLETTER AND EMAIL COMMUNICATIONS:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **EMAIL** |

**DIRECTORY**: Your email will be included in our mailing systems by default. If there is any information you do not want published to our public directory, please check the line that apply below:

\_\_\_\_\_\_\_ *Include my full contact, I’d like to connect with other members*

*\_\_\_\_\_\_\_ Please do not include my phone*

*\_\_\_\_\_\_\_ Please do not include my email Include the City / State / Zip; ONLY for my address.*

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| **CADET(S) INFORMATION:**  PLEASE PRINT YOUR CADET(S) INFORMATION BELOW:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CADET’S LAST NAME CADET’S FIRST NAME CLASS YEAR MOBILE PHONE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CADET’S LAST NAME CADET’S FIRST NAME CLASS YEAR MOBILE PHONE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CADET’S LAST NAME CADET’S FIRST NAME CLASS YEAR MOBILE PHONE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CADET’S LAST NAME CADET’S FIRST NAME CLASS YEAR MOBILE PHONE |

Please make checks payable to the **PCWP** and mail with the completed application to:

**CATTIE KIM, Treasurer**

**336 Hillcrest Avenue**

**Westwood, New Jersey 07675**

**Questions?** Please contact [**pcwp@west-point.org**](mailto:pcwp@west-point.org) **or PCWP Executive Officers:**

**Kerri Moore**, Co-President 914-980-8325 [wpkmoore@gmail.com](mailto:wpkmoore@gmail.com)

**David Russell,** Co- President 845-519-0853 [russclan4@gmail.com](mailto:russclan4@gmail.com)