



MEMBERSHIP APPLICATION

Enclosed is a check for _____\$20.00 for annual dues or
_____ \$150.00 for lifetime dues.

Last Name: _____

First Name & Middle Initial: _____

Nickname: _____

Grade/Title (e.g. CPT/Mr.): _____

Military Retired Status (If Applicable): _____

Street Address: _____

City: _____

State & Zip Code: _____

Email: _____

Spouse Name: _____

Home Phone: _____

Work Phone: _____

Company/Unit: _____

Class: _____

Recruited/Invited By: _____

PLEASE MAIL APPLICATION TO

West Point Society of the Tennessee Valley
P.O. Box 2193
Huntsville, AL 35804