



MEMBERSHIP APPLICATION

Enclosed is a check for ___\$5.00 for annual dues or
___\$50.00 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: _____

PLEASE MAIL APPLICATION TO THE WEST POINT SOCIETY OF THE TENNESSEE
VALLEY, 104 LOWORN LANE, HUNTSVILLE, AL 35806.