

WEST POINT SOCIETY OF TEXOMA MEMBERSHIP FORM

Name _____
First MI Last

_____ Yes, I wish to join the Society. (Please complete this form and mail it back to us with your check.)

Rank/Title _____ USMA Class _____

Address _____

E-mail _____

Home Phone _____ Work Phone _____

Member of Association of Graduates? Yes _____ No _____

Spouse's Name _____

Areas of Interest:

_____ Admissions
_____ Programs & Special Activities
_____ Information & Community Affairs
_____ Membership
_____ Other _____

Dues Enclosed:

_____ \$25 Annual Dues
_____ \$250 Lifetime Membership
_____ \$5 Annual Dues for Active Duty with less than 10 years service.

Signature

Date

Please mail this form and your check (if you join) made out to:
West Point Society of TEXOMA
C/o Mark S. Kopsky
2913 NE Bellevue Circle
Lawton, OK 73507-7116