

OV-1 Mohawk Association Membership Application/Renewal

Membership terms are from Jan 1 thru Dec 31 yearly. Annual dues are \$35.00. **If you are a first timer joining in the middle of the year, please prorate your first year dues at \$3.00 per month.** Membership is open to anyone with an interest in the OV-1 Mohawk. You will receive four newsletters each year, an annual membership roster, and an invitation to the annual reunions. Remember that your membership dues may be tax deductible.

The information on this form will be maintained in your membership file and will be published in the membership roster. Use this form to join, update, or renew your membership. Please update your current e-mail address. If you are renewing, please fill out the form with your name and indicate any changes in your data, otherwise leave blank.

Last Name _____ First _____ MI _____

Date of Birth _____

Nicknames _____

Spouse's Name _____

E-mail Address _____ @ _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Civilian Occupation _____

Mohawk Experience:

Pilot _____ Observer _____ Crew Chief _____ Mechanic _____ Ground Crew _____

Mohawk Support Crew (Specify) _____ Other _____.

Unit(s) served in: (include dates and locations)

Please provide names and addresses of any Mohawk veterans you have stayed in contact with that is not a member of the OV-1 Mohawk Association:

If you are a new member, in a few words please state how you found out about us: _____

I Wish To:

___ Join the Association for the first time. (Pro-rate your first year dues at \$3.00 per month from the present month to December 31st of this year.) Your membership will be renewable on January 1st of next year. \$_____.

___ Renew for One Year : \$35.00

___ Renew for Four Years and get the Fifth year free: \$140.00

Membership #: _____

I wish to receive my 2018 membership roster via: email: ___ US Mail (Paper) ___. (Please check one).

I wish to receive my newsletter via: e-mail: _____ or US Mail (paper): _____. (Please check one).

Send via Email (please verify Email Address) _____

Make checks payable to **OV-1 Mohawk Association** and mail to: Membership Director (see below)

Thank you for your interest in our Association. As a member you will receive our Newsletter and a membership roster of all members.

Print out the Application Form using your browser PRINT function and mail the completed form to the address on the bottom of this form.

Mail To:

Tom Gallucci
31610 Corte Padrera
Temecula, CA 92592-6443

E-mail: Signuporrenewonline@ov-1mohawkassociation.org

Phone: (949) 874-1948