

Membership Form 20__ __

Robins OSC
Robins Officers' Spouses' Club - Robins AFB, GA



MEMBER'S INFORMATION:

Name: _____ Today's date: _____

Address: _____

Home Phone: _____ Email Address: _____

Date of Birth: (MM) _____ (DD) _____ Occupation/business: _____

Spouse's Name: _____ Rank: _____

Spouse's Organization: _____

If a new member, please list your previous base: _____

DUES: Dues are payable annually at a rate of \$60, and are payable by cash or check. Please make checks payable to **Robins OSC**. Dues will be prorated for joining mid-year.

Please indicate your membership category.

Active Members

Spouses of Active Duty and Warrant Officers, AF Reserve and National Guard Officers.

Associate Members

Spouses of retired Active Duty and Warrant Officers, retired AF Reserve and National Guard Officers, surviving or divorced spouse of officers, a parent in residence with a sponsor and spouses of RAFB GS-9 or higher civilian employees, active or retired.

VOLUNTEER INTERESTS:

The Robins OSC relies on the participation of its members to carry out social and welfare activities. Please let us know the areas in which you are interested in volunteering to make this organization even stronger! ***Please circle all that apply.***

Executive Board * Thrift Shop * Welfare * Hospitality * Programs/Socials * Special Activities *
Membership * Newsletter * Publicity * Reservations * Scholarships Other _____

SPECIAL ACTIVITIES INTERESTS:

Please indicate if you are interested in any of the activities below. The coordinator will contact you with details of the next event. ***Please circle all that apply.***

Book Club * Bunko * Gourmet Club * Lunch Bunch * Skylarks (*vocal group*) * Supper Club *
My own Special Activities suggestion _____

I understand that the annual dues for OSC membership are \$60 for each year with functions running August through May. Membership must be renewed every year. If I wish to cancel, I will notify the OSC. If I cancel my membership mid-year, it is my responsibility to request a refund of any prepaid dues.

I have read the *Photography Release for General Membership* document and I attest that I have full capacity enter into this release. I agree to the Photography Release YES NO

Member's Signature: _____ Today's date: _____

FOR MEMBERSHIP CHAIR ONLY:

Notification: President Hospitality Wings Reservations

Payment Method: Cash Check Number _____