

SPECTRE ASSOCIATION INC.

P.O. BOX 707
MARY ESTHER, FL 32569-0707

www.spectre-association.org

Please print this application.

Fill in pertinent blanks and mail with check or MO to the address above.

I want to become a member of the ***SPECTRE ASSOCIATION INC.***

Enclosed is my check / money order for **(please select a type below)**

Payment in Check or Money Order

DATE _____

NAME _____

CREW POSITION / AFFILIATION _____

YEAR(s) SERVED WITH SPECTRE _____

UNIT / ORGANIZATION _____

NICKNAME _____

ADDRESS _____

CITY _____

STATE _____ **ZIP CODE** _____

DOB _____

PHONE # (_____) _____

E-MAIL _____

Comments: