

***SPECTRE ASSOCIATION INC.***

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

[www.spectre-association.org](http://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 \$15.00 for annual membership or \$150.00, Life membership donation. (\$100.00 over 55 yrs.)

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** \_\_\_\_\_