



# Membership Application

I would like to be involved in the Fort Ord Alumni Association by:

- Participating in social activities
- Recruiting students
- Developing scholarships
- Attending workshops
- Producing a newsletter and publications
- Serving on a committee

Special Committee Interests (please check all interests):

- Scholarship
- Memorialization
- Membership
- Special Events
- Other

What types of activities are you interested in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years stationed at Fort Ord: \_\_\_\_\_

Unit(s) of assignment: \_\_\_\_\_  
\_\_\_\_\_

Any other Fort Ord alumni or organizations you would like us to send a brochure to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

I would like to contribute to the Targeted Scholarship Funds. Amount \$ \_\_\_\_\_  
In memory of: \_\_\_\_\_

Will you use the World Wide Web FOAA home page for information and updates?

Yes  No

I give permission to have my name, address, and telephone number published in a FOAA directory.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete both sides of this form and mail with check or money order to: Fort Ord Alumni Association, Project Coordinator, CSUMB, 100 Campus Center, Seaside, CA 93933-8001.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Membership Category (please check one)

- Individual (\$20)
- Active Duty: RA/NG/USAR (\$10)
- Family (\$25)

Please provide names of adults for family membership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization, veteran/nonprofit (\$150)

Corporate Membership (please check one)

- Advocate (\$500)
- Sponsor (\$1,000)
- Benefactor (\$1,500)

Please provide name and brief description of corporation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send us your Fort Ord photos and home movies for our activities and advancement materials.