



MEMBERSHIP APPLICATION 2021-22

Member Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Birthday: _____ Spouse's First Name: _____

MEMBERSHIP CATEGORY-(Please check one of the following)

General: Spouse of service member, civilian or contractor (Active/Reserve/Retired/Veteran/Deceased)

Honorary: Spouse of a GO or CSM or Distinguished Guest invited by the FLASC President

Associate: Service member residing in the Fort Lee Area

Auxiliary: currently unaffiliated but requesting membership upon approval by the FLASC BoD

MEMBERSHIP DIRECTORY and PHOTO (please initial if you agree)

I give permission for my name, address, email and phone number to be printed in an official club roster and directory.

I give permission for my photo to be in 'The Lee Connection', FLASC Website and Facebook page.

MEMBERSHIP DUES:

_____ Full Year \$20 (June-May)

_____ Half Year \$10 (June- Dec or Jan – May)

MEMBER'S SIGNATURE: _____ **DATE:** _____

MAILING ADDRESS

Completed forms and dues (**checks payable to Fort Lee Area Spouses' Club**) may be submitted at any club functions or mailed to:

FLASC

ATTN: Membership

P.O. BOX 5081

Fort Lee, VA 23801

FOR FLASC USE ONLY:

Payment Rec'd by: _____ CASH: _____ Check #: _____ or Credit Card _____ DATE: _____

Updated: 8/18/2021