



# APPLICATION FOR MEMBERSHIP

Return by Mail with Check or Money Order to:

**Seawolf Association**

**C/O Dan Arnes**

**2082 W. 14050 S.**

**Bluffdale, Utah 84065-5362**

Phone: (801) 253-1002 - Email: dan\_arnes@yahoo.com

## MEMBERSHIP TYPE

**LIFETIME** – \$250.00 – Full Privileges  
(Life Membership May Be Paid with Five (5)  
Consecutive **Quarterly** Payments of \$50.00)

**REGULAR** – Dues \$25.00 per year, Full  
Privileges

**FRATERNAL ASSOCIATE** – Dues \$25.00  
per year, NO Voting Privileges

**ASSOCIATE** – Dues \$25.00 per year, NO  
Voting Privileges

**FAMILY** – Dues \$10.00 per year, NO  
Voting Privileges

## ELIGIBILITY

Must have served with **HA(L)-3**; (Includes HC-1  
Game Warden Dets 29, 27, 25, 21) or **FASU, Binh  
Thuy** to become a **REGULAR** or **LIFETIME**  
member.

Any persons not qualified for regular membership  
but are members of the military rotary-wing  
community and wish to affiliate with the Association.

Any person who is not affiliated with any of the  
above listed requirements, but has an interest in the  
Association or what it stands for.

Immediate family members of KIA, or a family  
member of regular Association members in good  
standing who died after tour are eligible to carry on  
the membership as long as they wish to remain  
affiliated with the Association.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## BACKGROUND INFORMATION

Dates in-country: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Unit attached to: \_\_\_\_\_

Willing to Help (Y/N): \_\_\_\_\_

Detachment(s): \_\_\_\_\_

If "Yes", how: \_\_\_\_\_

Rate/ Rank in-country: \_\_\_\_\_

How did you hear of the Association? \_\_\_\_\_

Final Rate/Rank in Service: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Check if Comments on Back

Payment Enclosed (**Make Check or Money Order Payable to Seawolf Association**)

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

*For Membership Coordinator:* Member Name: \_\_\_\_\_

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

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Deposited: \_\_\_\_\_