



APPLICATION FOR MEMBERSHIP

Return by Mail with Check or Money Order to:

Seawolf Association
9540 Vista Hills Place
Lakeside, CA 92040-5833

Phone: (619) 838-2231 - Email: gkseawolfdet9@cox.net

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: _____