



## APPLICATION FOR MEMBERSHIP

Return by Mail with Check or Money Order to:

**Seawolf Association**

**C/O Don Morgan**

**19258 Bobwhite Road**

**Crocker, MO 65452-8160**

Phone: (936) 697-6280 - Email: [seawolf7071@hotmail.com](mailto:seawolf7071@hotmail.com)

### MEMBERSHIP TYPE

☐

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

☐

**REGULAR** - \$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 \$25.00 per year  
No Voting Privileges

### ELIGIBILITY

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

Any Person 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 KIA Family Member of HA(L)-3 or HC-1  
Dets listed above “or” immediate Family member of  
“deceased” Regular Association Member in good  
standing. Family membership is at the pleasure of  
the family member.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ 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: \_\_\_\_\_

Copy of completed application to: Executive Committee, Wolfgram Editor

Revised 10/01/2023