



# Membership Form 2022-2023

Membership Fee: \$25 on or before First Social  
\$15 after January 2023

\_\_\_\_\_ New Member \_\_\_\_\_ Returning Member

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birth Month & Day: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 Sponsor's Name: \_\_\_\_\_ Unit: \_\_\_\_\_ (Active / Retired / Civilian)

Please **initial** and **circle** your answer that you have read the following statements:

\_\_\_\_ YES or NO: I give the ESC permission to use my personal information in the membership directory. Information is ONLY distributed to members of the Eglin Spouses' Club.

\_\_\_\_ YES or NO: I give the ESC permission to use my name, likeness, image, voice and/or appearance to promote and support the ESC, its mission and programs.

Are you interested in any Special Activities? (Please circle all that apply)

1. Book Club	2. Wine Club	3. Bunco Club	5. Lunch Bunch	5. Community Service	6. Craft Club	7. Mah-jongg Club
8. Thrift Shop Volunteer	9. Fitness Group	10. Play Group	11. Happy Hour	12. Coffe Club		

Would you be interested in serving on the Eglin Spouses' Club board? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing below, I acknowledge and understand that although the ESC does carry liability insurance, members of the ESC are jointly and severally liable for the obligations of the ESC. This may include any civil suit that results in liability for the ESC.

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

Completed Membership Form and Payment may be returned at your first event, drop off at Thrift Shop, or mailed to:  
**Eglin Spouses' Club, Attn: Membership Coordinator, P.O. Box 1862, Eglin AFB, FL 32542**  
 Please make checks payable to Eglin Spouses' Club

For ESC Membership Coordinator:

Membership Roster \_\_\_\_\_  
 Google Email Contact \_\_\_\_\_  
 Name Tag \_\_\_\_\_  
 Evite Contact \_\_\_\_\_  
 Email Activities Chair \_\_\_\_\_  
 Welcome Bag \_\_\_\_\_

For ESC General Treasurer or Board Officers:

Cash or Check (# \_\_\_\_\_) / \$ \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Money given to: \_\_\_\_\_ Date: \_\_\_\_\_