



Membership Form 2023-2024

Membership Fee: \$30
After January: \$15

_____ 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	4. Lunch Bunch	5. Community Service	6. Play Group	7. Mah-jongg Club
8. Thrift Shop Volunteer	9. Coffee 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: _____