

**SNCO SPOUSES' CLUB
CAMP LEJEUNE
MEMBERSHIP APPLICATION**

NAME: _____
PHONE NUMBER: _____
ADDRESS: _____
BIRTH DATE: _____
ANNIVERSARY: _____
EMAIL: _____
HOBBIES AND INTERESTS: _____

SPOUSES INFORMATION

NAME: _____ RANK: _____
UNIT: _____

We would appreciate you volunteering for a minimum of 4 hours per month. Please circle the committee/committees you are most interested in and someone will contact you.

- | | |
|----------------------|-----------------|
| Scholarships | Ways or Means |
| Membership | Sister Luncheon |
| Socials | Special Events |
| Publicity/Newsletter | |

How did you hear about the SNCO SPOUSES' Club?

Dues: \$30 per fiscal year, which begins July 1. There is no pro-rating for club dues.

Please pay in person at the Thrift Shop or mail to:

Staff NCO Spouses' (Wives) Club
PO Box 8187
Camp Lejeune, NC 28547

Thrift Shop Hours:

Monday 9am-12pm
Wednesday 5pm-8pm **Bag sales are the first week of every month**
Friday 9am-12pm

Office Use Only

Date Received: _____ *Member Initial:* _____ *Paid:* _____ *(Member Initial)*

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