## VP16 Reunion Association, Inc. Membership Form

Return to: VP-16 Reunion Association Inc. 1240 43<sup>rd</sup>. Ct. SW, Vero Beach, FL 32968 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Spouse or Significant Other: \_\_\_\_\_ Street Address: City, ST, ZIP: Email Address: Birth (Month & Year only):\_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: Squadron Begin Date (yr.) \_\_\_\_\_\_ Squadron End Date (yr.): \_\_\_\_\_ Crew Number (s)/ Shop:\_\_\_\_\_\_Crew Position: \_\_\_\_\_ Retired Military (Y, N,)\_\_\_\_\_ Active Duty: \_\_\_\_\_ Retired Rank: \_\_\_\_\_ Do you wish to be listed on our roster, includes contact information, distributed at our reunions. (Y, N)\_\_\_\_\_ Do you wish to be listed on our website roster (name & dates of service in squadron only) (Y - N) Any Comments you wish to add:

We do not require an form of dues to be a member of our Association. However, if you'd like to contribute to our association general fund or Scholarship fund, please make the check out to: VP-16 Reunion Association Inc., and indicate on the check your where to apply the funds. You can also contribute using our website at: https://vp16association.cfns.net/.

Help us locate shipmates - Please list names and contact information for shipmates you may be in contact with or served with while in VP-16. If you do not have current information any information you are able to provide that could be helpful in assisting us to locate them. Such as: name & Rank / Rate dates served in squadron, last known address or hometown. <u>Use back of page if necessary.</u>