



**U.S.S. ESSEX CV/CVA/ CVS-9/LHD-2, INC**  
**ASSOCIATE MEMBERSHIP APPLICATION**

**\$25.00**

FILL OUT THIS FORM AND MAIL WITH ABOVE APPLICATION FEE TO:

**U.S.S. ESSEX ASSN.  
GERALD E. McDONELL/MEMBERSHIP  
42543 APPLECREEK DR.  
PLYMOUTH, MI 48170-4155  
734-455-1341  
[mcdonellg@juno.com](mailto:mcdonellg@juno.com)**

PLEASE PRINT CLEARLY

\* REQUIRED FIELDS

\* NAME: \_\_\_\_\_ \* BIRTH DATE: \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_

\* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP CODE: \_\_\_\_\_

\* PHONE: \_\_\_\_\_ \* EMAIL: \_\_\_\_\_

LIST MY EMAIL ADDRESS IN THE ASSOCIATION ROSTER \_\_\_YES \_\_\_NO

LIST MY EMAIL ADDRESS ON THE ESSEX WEB SITE \_\_\_YES \_\_\_NO

SPOUSE FIRST NAME: \_\_\_\_\_ OR CK HERE IF NONE \_\_\_

NAME OF SPONSOR, IF ANY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR ORGANIZATION? \_\_\_\_\_

\_\_\_\_\_

REMARKS: \_\_\_\_\_

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