



MEMBERSHIP REGISTRATION FORM

General Member: 1 Year (\$35) General Member: 3 Years (\$90)

Rank/Rate/Title: _____

First / M.I. / Last Name: _____

Address: _____

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Country: _____ Cell Phone #: _____ Home Phone #: _____

Email Address: _____

Military Status: ACTIVE RESERVES RETIRED VETERAN CIVILIAN

Branch of Service: _____

Current Duty Station/Company: _____ Unit/Squadron: _____

Warfare Specialty: PILOT NFO AIRCREW OTHER: _____

Aircraft Flown: _____

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To pay by credit card:

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

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Or, mail this form and a membership fee check made out to **Maritime Patrol Association, Inc.** to:

Maritime Patrol Association
Attn: Membership Dept.
P.O. Box 147
Orange Park, FL 32067