



Lifetime MEMBERSHIP REGISTRATION FORM

☐ Active Duty JO (ESN, LTJG, LT): \$350 ☐ Active Duty O4 and above: \$450 ☐ Retired/Reservist/Veteran: \$500 ☐ 65+: \$150

Rank/Rate/Title: _____

First / M.I. / Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

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

Email Address: _____

Military Status: ☐ ACTIVE ☐ RESERVES ☐ RETIRED ☐ VETERAN ☐ CIVILIAN

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

Warfare Specialty: ☐ PILOT ☐ NFO ☐ AIRCREW ☐ OTHER: _____

Aircraft Flown: _____

Birthday (if applying for "65+" tier) _____

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To pay by credit card:

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

Name as it appears on card: _____ **Billing Zip 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