



MEMBERSHIP APPLICATION

For More Information
Contact Post 572
Adjutant Carl Frentz
325 655-7648

Post 572 New Member Application

| [*] Name: | | | |
|-----------------------|-------------|-------------------------------|--------------|
| First | Middle Int. | Last | |
| *Branch of Service: _ | | *Rank/Grade: | |
| *Dates of Service: | | | |
| | | - Month/Year (02/1968-03/1979 | |
| *Email: | | *Phone: (|) |
| *Street Address: | | | |
| *City: | | *State: | *ZIP: |
| *Signature: | | | |

*Indicates required information for a complete application.

Please download and print this form. Fill in the required information neatly and legibly. Attach a copy of your DD 214 and a check or money order payable to Post 572 in the amount of \$40. This is payment for your first year's membership fee.

Please do not send cash payments. Thank you.

Mail this completed application, copy of your DD214 and payment to the address below.

Membership Smith-Bryant Post 572 PO Box 704 San Angelo, Texas 76902