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(Please Print Legibly)
For CGSA Use Only:
Circle Payment Method Check: # Paypal (date)
Cash
Amount: \$
Collected by (initials): Date Collected:
Date to Treasurer:

Contact us: coastguardspousep@gmail.com

Do you give your	permission to be include	d in the CGSA Director	ry to be distribut	ted to members? _	Yes	_No
NAME:	NAME:			_ SPOUSE NAME:		
STREET ADDRESS:						
CITY:		STATE: Z	IP:	PHONE:		
EMAIL:		BIRTHI	DAY (mm/dd):			
STATUS:Act	ive DutyReservist	Retired DUTY STAT	TION:			-
CHILDREN'S NAM	ES and AGES (optional):					
NAME:	AGE:	NAME:		_AGE:		
NAME:	AGE:	NAME:		_AGE:		

TYPES OF MEMBERSHIP

REGULAR: \$10 - Spouses of active duty, reserve, and retired Coast Guard members; widowers of Coast Guard members; Active Duty Members of the Coast Guard; military spouses of other military services who live, work, or train at Training Center Petaluma, Point Reyes, or Bodega Bay. If joining on or after January 1, 2024, membership dues are only \$5.

HONORARY: \$0 - Ombudsmen and spouse to 'A' School student. Honorary members may not vote or hold a board position. 'A' SCHOOL GRADUATION DATE:

PLEASE CHECK ALL THAT APPLY:

- _____ I am currently serving as an Ombudsman.
- _____ I am a current paid member of the following CGSA club: ______
- _____ I am interested in learning more about volunteer opportunities at TRACEN's Treasures.
- _____ I am interested in learning more about being a leader of an existing or new special interest club of CGSA Petaluma.

_____ I would like to make an additional donation of \$_____ to CGSA Petaluma.

Please submit this completed form with applicable payment to any CGSA Petaluma Board Member, CGSA Petaluma event, TRACEN's Treasures, by mail to: CG Spouses' Association Petaluma, 599 Tomales Rd, Petaluma, CA 94952, or by email to: coastguardspousep@gmail.com. We accept cash or checks payable to: CGSA Petaluma. Please do not mail cash.