

# **MEMBERSHIP APPLICATION**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employment Date** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Duty Station** \_\_\_\_\_

**Name/Address of Beneficiary**

\_\_\_\_\_  
\_\_\_\_\_

**Date Signed:** \_\_\_\_\_, 20\_\_\_\_ **Signature** \_\_\_\_\_

**Dues \$25.00 per year or \$100 for 5 years.**

**Mail to:**

**Connie Christensen, Executive Secretary  
972 Ohio Ave, SW  
Huron, SD 57350**