

Association of Syracuse Defense Comptrollers

Membership Application

Name (Last, First MI)

Class Year/Number

Current Mailing Address (Street, City, State, Zip Code)

Permanent Mailing Address (Street, City, State, Zip Code)

Employer (Circle One) AR NV AF MC CG OSD DFAS Other: \_\_\_\_\_

Rank / Grade

Duty Station

Primary E-mail (AKO or equivalent)

Alternate E-mail

Payment Information

Membership Dues:

One Year - \$10 \_\_\_\_\_
Five Years - \$20 \_\_\_\_\_
Lifetime - \$50 \_\_\_\_\_

Method of Payment:

Cash \_\_\_\_\_
Check: \_\_\_\_\_
# / Date

For Office Use Only:
Member No. \_\_\_\_\_

Membership Renewal/Upgrade:

One Year to Five Years - \$10 \_\_\_\_\_ One Year to Lifetime - \$40 \_\_\_\_\_
Five Years to Lifetime - \$30 \_\_\_\_\_

Recruited by:

Signature

Date (DDMMYYYY)

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Association of Syracuse Defense Comptrollers

Membership Application - Receipt

Name (Last, First MI)

Date (DDMMYYYY)

Payment Information

Membership Dues:

One Year - \$10 \_\_\_\_\_
Five Years - \$20 \_\_\_\_\_
Lifetime - \$50 \_\_\_\_\_

Method of Payment:

Cash \_\_\_\_\_
Check: \_\_\_\_\_
# / Date

Payment Received by:

Name (Last, First MI), ASDC Officer

Signature

Any questions? Contact VP for Membership at http://www.su-asdc.org