



APPLICATION AND DUES RENEWAL

Date: _____ Mail To: N&MCEODA Treasurer
 8279 Little England RD.
 Hayes, VA 23072-3839

All Dues are now \$25 per year for a minimum of 2 years.

New (Dues \$25.00 X 2 = \$50.00 minimum)
 Renewal Number of years [Dues \$25.00 each year]
 Change of address

Name: _____ Rank/Rate: _____ Spouse: _____

Last 4 Digits of SSN: _____ Mandatory as it is used to prevent duplication and future security for our web site.

Mailing Address: _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Cell: _____ Email: _____

Permission is granted to publish my: Name, Address, Email Address, and Home Phone Number in the N&MCEODA Directory: Yes No

I agree to receiving periodic, EOD related Updates at the above Email address: Yes No

I want to receive the Disposaleer via the usn-usmceodassoc.org web site: Yes No

I want to receive the Disposaleer via the U.S. Mail: Yes No

EOD/BD/MD School Class Number: _____ Graduation Date: _____

See Membership Information for details on Regular and Associate Membership Requirements

Regular Membership (check two): ~~Active~~ Active Retired Reserve Former USN EOD USMC EOD
 MD BD Spouse of deceased member

Associate Membership Type: _____

Approval: _____ Approval: _____

CREDIT CARD PAYMENT

Payment Amount: _____ Type of Card: Visa: Master Card: Discover: _____

Credit Card Number _____

Expiration Date: _____ Printed name on credit card: _____

Enter billing address if different from above: Address: _____

City: _____ State: _____ Zip+4: _____

FOR CREDIT CARD PAYMENTS, PRINT AND FAX (804-642-3464) OR MAIL THE COMPLETED FORM TO THE ADDRESS ABOVE