USS John C. Calhoun (SSBN-630)
Veterans Association Membership Form

Membership Biennial Dues $20.00

# of years you are paying for: _____

(Please type or print)

Name: _____

Partner: _____

Dates served on Calhoun: _____ To _____
(Years Only)

Crew Assignment: Blue☐ Gold☐ Both☐

Rank/Rate while aboard: _____

Year entered military service: _____ Year left military service: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Email address: _____

ALL CONTACT DATA IS TREATED AS PRIVATE AND CONFIDENTIAL AND WILL ONLY BE SHARED WITH FELLOW USS JOHN C. CALHOUN (SSBN-630) VETERANS ASSOCIATION SHIPMATES!

MAIL THIS FORM ALONG WITH A CHECK OR MONEY ORDER PAYABLE TO

"CALHOUN VETERANS ASSOCIATION"

TO:

Gregory Fischer
312 Riverwalk Dr
Salisbury, NC 28146