

USN/USCG ICEBREAKER BURTON ISLAND ASSOCIATION
(AG-88) (AGB-1) (WAGB-283)



APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (_____) _____ EMAIL: _____

SPOUSE: _____ YEARS ON BOARD BI: 19____ TO 19____

RANK/RATE: _____ DEPT/DIV: _____

YEARLY MEMBERSHIP DUES: (JANUARY 1 - DECEMBER 31) \$10.00 \$ _____

LIFETIME MEMBERSHIP DUES: \$75.00 \$ _____

DONATIONS: (POSTAGE, SUPPLIES, WEB PAGE, ETC.) THANK YOU..... \$ _____

TOTAL \$ _____

PLEASE MAKE CHECK/MONEY ORDER PAYABLE TO: **BURTON ISLAND ASSOCIATION**

MAIL YOUR CHECK/MONEY ORDER
ALONG WITH THIS APPLICATION TO:

Ralf Mauthe, TREASURER
2436 Tracy Ferry Road
Mountain Home, AR 72653

