



**CLAMAGORE VETERANS ASSOCIATION**  
Life member Application and Information Sheet

Life Member # \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Nick Name \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ \*Cell \_\_\_\_\_

If not a crew member. (Relationship to member). \_\_\_\_\_

Date of Birth \_\_\_\_\_

Years on Clamagore \_\_\_\_\_ Rate/Rank \_\_\_\_\_

Circle: Plank Owner 1 or 2 Decommission Crew Crew Member

Member: SUBVETS \_\_\_\_\_ FRA \_\_\_\_\_ Other \_\_\_\_\_

Remarks: Other subs, etc

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Continue next page:

Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_

To become a **life time member of the CVA**, complete the attached form and enclose a check to CVA for \$100.00. Mail to:

Ted Kubit  
60 Sky Ridge Court  
Silva, NC 28779

To up-date or correct any of the information on the site please complete the form and forward it to the Secretary.

Hal Tatlow.  
31 Wall Street  
Buzzards Bay, MA 02532

July 2021