Membership Application
USS Frank E. Evans Association, Inc.

_____
Today's Date

I would like to be A Member of the Association? Yes _____ No _____

_____ _____ _____
Members Name | Nick Name | Birth Date

_____
Mailing Address

_____ _____ _____-_____
City | State | Zip Code

_____
E-Mail Address

(_____)_____ (_____)_____ (_____)_____
Home Phone | Business Phone | Cell Phone

_____ _____ _____
Fax Number | Spouse Name | Spouse Nick Name

Are You a Shipmate? Yes_____ No _____ Are You a Survivor? Yes_____ No _____

If Yes to either question, complete next line.

From 19_____To 19_____ _____ _____
What year/s were you Aboard Frank E Evans | Rating / Rank | Job Aboard Ship

If you are not a shipmate please complete next three lines.

Are You Family of a Shipmate? Yes _____ No _____ Are You Family of a Shipmate Survivor? Yes _____ No_____

Are You Family of One of the 74 Lost Shipmates? Yes_____ No _____ Are You a Friend of a Shipmate? Yes _____ No _____

If yes to any of above two lines please name shipmate: _____ Relationship: _____

☐ **I agree to the primary goals of the association.**

(a) Promote camaraderie among shipmates, family and friends of shipmates who served on the USS Frank E. Evans DD-754, as well as others with similar interest.

(b) Promote a spirit of national patriotism.

(c) Help assure that the history of the USS Frank E. Evans DD-754 is maintained.

(d) Conduct research, communicate, appropriately publicize, and help commemorate those deceased and lost at sea, through timely ceremonies, publicity and memorials.

Please list additional information about yourself, family, and job or retirement life. _____

_____

Check Number _____ Dues Year _____Total $ _$ 30.00_____

Membership Dues $30.00 / Year

Make check payable to: USS Frank E. Evans

Mailing Address:
USS Frank E. Evans Assoc. Inc.
Attn: Donna Kraus
4587 Blackwell Rd
Oceanside, CA 92056