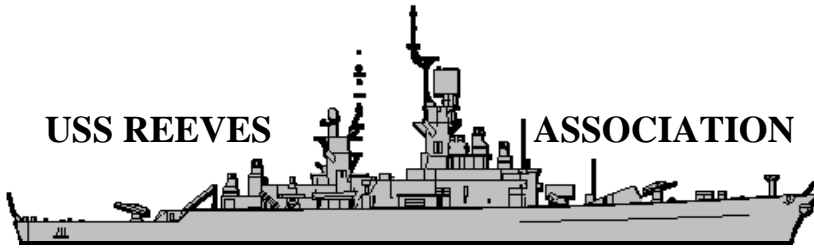




USS REEVES ASSOCIATION



Membership Application

Name _____

Street Address 1 _____

Street Address 2 _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

I served on the USS REEVES (DLG-24/CG-24) as a _____ (rate/rank) from 19____ to 19____.

Membership in the Association includes the right to vote and hold elective office. It also includes receiving a newsletter, email updates and further privileges as to be determined by the Board of Directors.

Dues Per Year: \$20.00

I also wish to support the goals of the Association which is the building of a membership that will increase interest in bi-annual reunions, as well as the establishment of a newsletter and other means of communicating our activities with all Reeves shipmates. I am making an additional donation of \$ _____.

I enclose my check or money order in the amount of \$ _____.

I am interested in helping the Association grow and become successful. I wish to serve on a committee, provide other assistance or have an interest as follows:

Mail application to:

USS REEVES (DLG-24/CG-24) ASSOCIATION
8701 Bradgate Rd
Alexandria, VA 22308

For further information call or email [Michael Robertson](mailto:Michael.Robertson@ussreeves.net) at 703-780-2269, fax 703-740-9161

More details online at: [USS Reeves Association Website](http://www.ussreeves.net/association.html) (hyperlink)
 at
<http://www.ussreeves.net/association.html>