



**Military Intelligence Service Veterans Club of Hawaii**

PO Box 3021  
Honolulu, Hawaii 96802  
Email: MISVeteransHawaii@gmail.com

**ASSOCIATE MEMBERSHIP APPLICATION FORM**

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

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse or other contact person: \_\_\_\_\_

Address: \_\_\_\_\_  
(street address, city, state, zip code)

Email address: \_\_\_\_\_

Phone numbers: home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone  
Business phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please check all that apply:  Surviving spouse of a deceased MIS Veteran  
 Lineal descendant of a past or present MIS Veteran

If you are a lineal descendant, please check:

Son  Daughter  
 Grandson  Granddaughter  
 Other: Please specify \_\_\_\_\_

Full name of MIS Veteran you are related to \_\_\_\_\_

Your interests, comments and suggestions (use reverse if more space is needed) \_\_\_\_\_

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

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Annual membership dues: \$20.00.** Please make check payable to MIS Veterans Club of Hawaii and mail to address shown above along with this completed application.

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**Newsletter information:**

I would prefer to receive my newsletter by:

mail (black and white print edition)

e-mail (full color edition as a pdf) Please send my e-news to the following e-mail address:

\_\_\_\_\_

**Become active in club affairs:**

I am interested in becoming active in the club by helping with events and activities or by serving on a committee or on the board. Please contact me.