



13th COSCOM Association

P.O. Box 5490, Ft Hood, TX 76544-0490

MEMBERSHIP APPLICATION

<http://www.13cca.org>

president@13cca.org

*Mail to: 13th COSCOM Association
P.O. Box 5490, Ft Hood, TX 76544*

Rank: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail Address: _____

Membership Fees:

Two Year Individual Membership @ \$30 _____ x \$30 = _____

Two Year Corporate Membership @ \$100 _____ x \$100 = _____

Check Enclosed Credit Card Bill Me Later Renewal

For Credit Card Payment Only

Member Number: _____

Name on Card: _____

Card Number: _____

Visa

Expiration Date: _____ 3-digit Code/CCV: _____

Mastercard

ASSOCIATION USE ONLY: Processed by: _____

Membership Number: _____ Expiration Date: _____

Card Sent: _____ Entered Membership Database: _____