



13th COSCOM Association

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

MEMBERSHIP APPLICATION

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

info@13cca.org

Rank: _____

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail Address: _____

Click here if you would like to volunteer to help

Membership Fees: Basic Membership @ Free (Stop Here)

Individual Life Membership @ \$100 = _____ (Fill in Below)

Corporate Membership (Annual) @ \$100 = _____ (Fill in Below)

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: _____