

Coast Guard Spouses' Association Of Oahu

Membership Application 2023-2024

Do you give your permission to be included in the CGSA Directory to be distributed to members? YES NO

NAME: _____ SPOUSE NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE(S): _____ EMAIL: _____

BIRTHDAY (Month/Day): _____ ANNIVERSARY (Month/Day): _____

STATUS: Active Duty Retired Other DUTY STATION: _____

CHILDREN'S NAMES AND AGE AS OF OCTOBER 1. (OPTIONAL):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

T Shirt Size: _____

TYPES OF MEMBERSHIP

REGULAR/ASSOCIATE: \$50.00* - Spouses of active duty, retired, and reserve Coast Guard members, Widows/widowers of Coast Guard members, Active Duty Members of the Coast Guard, Spouses of Public Health Service, Spouses of other military services who are on active duty with the Coast Guard, Spouses of Coast Guard civilian workforce. ***Ombudsmen and current paid members of another CGSA may be eligible to have dues waived. Please inquire.**

TRIAL: \$0.00 - Any prospective member, who was not a CGSA Oahu member the previous year, may request a trial membership and be placed on our e-mail distribution list and Members Only Facebook Group for up to two (2) months. Trial members may not vote or hold a board position, will not be listed in or receive a copy of our CGSA Membership Directory.

PLEASE CHECK ALL THAT APPLY:

I am currently serving as an Ombudsman to the following Oahu-based USCG Unit: _____

I am a current paid member of the following other CGSA club: _____

I am interested in learning more about available board positions.

I am interested in learning more about being a leader of an existing or new special-interest club of CGSA Oahu.

I would like to make an additional non-deductible donation of \$_____ to CGSA Oahu. Mahalo!!!

Please submit this completed form with applicable payment at any CGSA event, by e-mail to cgsoahu1@gmail.com. We accept cash, checks payable to: CGSA and PayPal from those with PayPal accounts. Please do not mail cash. For more information, please contact us at the above e-mail.

For CGSA Use Only: Circle Payment Method: Check: # _____ Dated: _____ Cash PayPal N/A Amount: \$ _____

Collected by (Initials): _____ Date Collected: _____ Date to Treasurer: _____

By typing or signing your name to this form the signer agrees to hold harmless and indemnify the United States Department of Homeland Security, the United States Coast Guard, and any of it's agents or sub-units for claims arising from any of the Coast Guard Spouses' Association organization's activities; further agree to hold harmless and indemnify the Coast Guard Spouses' Association, and any of it's agents or sub-units for claims arising from any of the organizations activities.

Sign & Date: _____