



FORT HOOD SPOUSES CLUB

MEMBERSHIP APPLICATION _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse's Name: _____ Rank: _____ Unit: _____

Phone Number _____ E-mail: _____

Birthday: Month: _____ Day: _____

May we include your name, E-mail and phone number in the FHSC Directory? Yes _____ No _____

Reservations Policy:

If you made luncheon reservations and will not be able to attend you must cancel the reservation by noon on Friday before the luncheon date. Members who fail to cancel reservation by this date will be responsible for the cost of the meal. If a member makes a reservation for a guest that misses the luncheon, that member is responsible for covering the cost for the guest's lunch.

Sign and Date: _____

Amount paid: \$ _____ Outreach donation: _____

Cash: _____ Check: # _____ CC (last 4): _____

Paid to Reservation: \$ _____ Check # _____ Credit Card# _____

Payment received by (FHSC Board Member) _____

Please return at a membership Luncheon or mail to:
FHSC attn: Membership, PO Box 5982, Fort Hood, TX 76544