

Membership Application
USS Frank E. Evans Association, Inc.

Today's Date _____

Members Name _____

Nick Name _____

Birth Date _____

Mailing Address _____

City _____

State _____

Zip Code _____

(_____) _____
Home Phone

(_____) _____
Cell Phone

E-Mail Address

Spouse Name _____

Spouse Nick Name _____

Are You a Shipmate? Yes _____ No _____ Are You a Survivor? Yes _____ No _____

If Yes to either question, complete next line.

From 19 _____ To 19 _____
What year/s were you Aboard Frank E Evans

Rating / Rank _____

Job Aboard Ship _____

If you are not a shipmate please complete next three lines.

Are You Family of a Shipmate? Yes _____ No _____ Are You Family of a Shipmate Survivor? Yes _____ No _____

Are You Family of One of the 74 Lost Shipmates? Yes _____ No _____ Are You a Friend of a Shipmate? Yes _____ No _____

If yes to any of above two lines please name shipmate: _____ Relationship: _____

I agree to the primary goals of the association.

(a) Promote camaraderie among shipmates, family and friends of shipmates who served on the USS Frank E. Evans DD-754, as well as others with similar interest.

(b) Promote a spirit of national patriotism.

(c) Help assure that the history of the USS Frank E. Evans DD-754 is maintained.

(d) Conduct research, communicate, appropriately publicize, and help commemorate those deceased and lost at sea, through timely ceremonies, publicity and memorials.

Please list additional information about yourself, family, and job or retirement on back of form.

Credit Card # _____ Exp. Date _____ Zip Code _____

Security Code _____ Note, card numbers are not maintained and information provided is redacted.

Check Number _____ Dues Year _____ Total \$ _____

Membership Dues \$30.00 / Year

Make check payable to: USS Frank E. Evans

Mailing Address:

USS Frank E. Evans Assoc. Inc.

Attn: Donna Kraus

2286 Morgan Rd.

Carlsbad, CA 92008