

# USS LCI National Association Annual Membership Application

[www.usslci.org](http://www.usslci.org)

Renewal Application

New Application

***Please Indicate Your Relationship to a LCI Veteran***

LCI Veteran (Self)

LCI Veteran's Family Member

Armed Forces Veteran/Active Duty

Other \_\_\_\_\_

Name \_\_\_\_\_ Your Final Rank or Rating \_\_\_\_\_

USS LCI (s) \_\_\_\_\_ Birth date \_\_\_\_\_

Other Armed Forces Branch \_\_\_\_\_ Your Final Rank or Rating \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

***For LCI Veterans; Who could we contact if we are unable to contact you personally***

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Membership Dues (Includes the ELSIE ITEM MAGAZINE)**

**January 1, 2018 – December 31, 2018 (1 Year)**

**\$ 30.00**

*Help Us Preserve the History and the Legacy of the LCI Veterans of WWII*

**Please Make an Additional Donation to the USS LCI Assn**

**Contributions and Donations are Tax Deductible**

**\$ \_\_\_\_\_**

**Total**

**\$ \_\_\_\_\_**

**Make Checks Payable to: USS LCI National Association**

**Mail to:** USS LCI National Association

Robert Wright Treasurer

PO Box 407

Howell, MI 48844-0407

**Thank You For Your Membership and Support**