

USS LCI National Association Annual Membership

Membership Category: Renewal Application New Application

Please Indicate Your Personal Connection to a LCI Veteran below

- LCI Veteran (Self) LCI Veteran's Family Member
 Armed Forces Veteran or Active Duty Other _____

(We require the following Veteran information from all members)

LCI Veteran's Name _____ Final Rank/Rating _____

U.S.S. LCI Type () Number _____

Your Name: _____ Birth date _____

US Service Branch: _____ Final Rank or Rating _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____ @ _____

LCI Veterans: Please provide a relative or someone to contact if we are unable to contact you

Name _____ Phone () _____

Membership Dues Includes the ELSIE ITEM Magazine Subscription

The RENEWAL\MEMBERSHIP Amount for 20__ : \$ 30.00

I would like to make a Donation to the USS LCI National Assn of \$ _____

A Donation to the Association will help meet the goal of Preserving the Contributions, the Legacy and the Memory of the Men who manned the United States Navy Landing Craft Infantry during World War II.

Make Your Check Payable to: USS LCI National Association Total \$ _____

Mail: USS LCI National Association
Robert Wright Treasurer
PO Box 407
Howell, MI 48844-0407

Thank You For Your Membership and Support