



National Association of Naval Photography Membership Application

Date: _____ Application For: Annual Life Free Active
Membership Membership Duty Associate
Annual Dues \$25/Yr Lifetime membership \$125

Service Connection

Present Status

| | |
|------------------------------------|--|
| <input type="checkbox"/> Navy | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Civil Service |
| <input type="checkbox"/> Army | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Spouse |

| | |
|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Reserve Veteran |
| <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Retired Reserve | |

If you has Multiple Service Connections, select the Primary, and enter others as notes in the History field.

Please print

| Rank/Rate/Title | First Name | Middle | Last Name | Suffix |
|--------------------------------------|------------|--------|-----------|--|
| Street Address: <input type="text"/> | | | | Active Duty Start Year <input type="text"/> enter years only Discharge Date <input type="text"/> |
| | | | | Birthday <input type="text"/> (Optional) |

City: _____ ST: _____ ZIP: _____ - _____ (include zip+4)

Country: _____ if out of U.S.A. Spouse: _____
First Name Last Name

Preferred Phone #: _____

Email address: _____

Preferred salutation for written Association correspondence:
(Rank/Rate) (MR.) (Mrs) (Ms) Other _____ or (None)

Website URL: _____

Preferred method of contact by the Association: Mail _____ Phone _____ eMail _____

Mail application with membership dues to: **Ralph Lewis**
Annual member Dues \$25/Yr \$125 Lifetime membership **Make Checks payable to NANP**
11 Harward St.
Bath, ME 04530
(207) 443-9626
ralphlewis@mac.com

Your Name and contact information is intended for publication on the
NANP/NAVYPHOTO web site, in order to allow contact by old friends world wide.
If you do not wish certain information published Check Below and initial:

Address City/State Phone# eMail _____
initial

History: Tell us about yourself. (continue on back if you wish)