



Membership and Dues Renewal Application Form

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Scan and email to membership@navyeoda.com or mail to: Navy EODA Membership Director
Patrick McKinney, 11 Hillside Ave. Albany, NY 12205-4305 Cell (518) 281-0771

MEMBER INFORMATION

New member _____ Renewal _____ Number of Years _____ (\$50 per year)
Membership Type: REG. _____ ASSOC. _____ Dates of military service _____
Full Name with Nick Name _____
Rank/Rate _____ Navy _____ Marine _____ Other service _____
EOD School Class # _____ Graduation Date _____ DOB _____
Full Name of Spouse _____
Address _____
City _____ State _____ Zip Code plus four _____
Cell Number _____ - _____ - _____ Home Number _____ - _____ - _____
Your E-mail address _____
Spouses E-mail address _____
Receive the Disposaleer© Magazine via the Password Protected Web Site _____ Mail _____
I agree to receive the informative periodic e-mail updates Yes _____ No _____
Recommendations from two Regular members for a New Membership (Full Names and Phone Numbers)
1. _____ - _____ - _____
2. _____ - _____ - _____

CREDIT CARD PAYMENT

Payment amount: _____
Type of Card: Visa: _____ Master Card: _____ Discover: _____ AMEX _____
Credit Card Number _____ Card Code _____
Expiration Date: _____
Printed name as shown on the credit card: _____
Enter billing address if different from above: Address: _____
City: _____ State: _____ Zip+4: _____