Admiral William A. Moffett SAMS Post 1921 Auxiliary Application Form

Name:please type or print	If under 18, Parents written permission required		
Mailing Address:			
City:	State:	ZIP Code:	
Home Phone: E-Mail:			
Please indicate your specialty:	Piper Drummer DC	olor Guard □Publicity □Other	
		articipating:	
		volunteer to the Post:	
How much time can you commit	to per year:		
Membership in a clan and / or or	ther Scottish organizatio	ns:	
Post member Sponsor:	ost member Sponsor: Member Number:		
Start Date:	Renewal Date:		
Signature		Date	
	Auxiliary Committ	ee Approval	
POST CO:		Date:	
POST XO:		Date:	
POST ADJUTANT:		Date:	
POST COMPTROLLER:		Date:	