



USS Sargo (SSN 583) Association



Application for Membership

Personal Information:

Name: _____

Rate / Rank (Highest): _____

Year Reported: _____

Year Departed: _____

Biographical Data

Please provide the information requested below. This information will be retained in the Association database for future references, which will be limited to use only by the Association from time to time for the purpose of informing you about reunions and items of interest. Additionally please indicate whether or not to include the contact information on the USS Sargo (SSN 583) website (www.ssn583.com) by putting a "Yes" or a "No" under the "Website" column below for each of the contact methods (address, telephone, and email).

	<u>Website</u>
Wife's Name: _____	
Street Address: _____ _____	
City: _____ State: _____	
Zip Code: _____	
Telephone Number: _____	
Email Address: _____	

Mail completed Application, Dues (a 1 time cost of \$25), and Biographical Data to:

USS Sargo (SSN 583) Association
 c/o David Kirsten
 107 Lake Harbor Drive
 Hendersonville, TN 37075

Please make checks payable to "David Kirsten"