



Victory Spouses' Club Membership Form 2019- 2020

_____ **Members:** Spouses' of Active Duty, Reserve, or National Guard, and Foreign Exchange service members stationed at Fort Jackson and the surrounding areas; Spouses' of Active Duty service members of the Armed Forces of the United States on Unaccompanied tours or deployments who live in the Fort Jackson area; Spouses' of retired or deceased service members of the Armed Forces; Spouses' of DOD or NAF personnel who are currently employed at Fort Jackson.

_____ **Associate Member:** Adult member(s), over 18 years of age, residing in the household of an active duty service member, or retired service member; DOD or NAF civilian who is currently employed at Fort Jackson.

_____ **Honorary:** As invited by the VSC Executive Board.

Annual dues for Members and Associate Members is \$25 for the twelve-month period beginning June 1st.

Please make checks payable to: Victory Spouses Club of Fort Jackson

Member Name _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip Code** _____

E-Mail _____

Birthday (month/day) _____

Spouse's Name/Unit/Base _____

Emergency Contact _____

New Member _____ **Recurring Member** _____

Please read and initial the following statements to indicate your consent and concurrence:

_____ I understand that if I make reservations for a VSC function for which there is a cost to attend and I do not cancel by the RSVP date, I'm still responsible for payment. Furthermore, I understand that I'm responsible for payment of my guest if they too fail cancel or are a no-show.

_____ I understand that the information provided by me on this form may be reproduced and distributed to the members of VSC in the form of a membership directory, email alerts and reminders for VSC functions, mailing list for VSC publications and other purposes of VSC business. Your personal information will not be sold; it is for club business only.

_____ The following information WILL be published in the membership directory. Please circle those item(s) you wish NOT to be published.

(Please circle all that apply) phone number address email address

_____ I understand that membership information contained in the membership directory, email distribution lists, and board rosters are for Official VSC use only. This information may not be used to forward chain emails, or to promote personal businesses, causes or political views.

_____ I understand that photos may be taken at various functions of the VSC. I give my permission for my name to be utilized captioning these photos for VSC publications.

Signature (required) _____ **Date** _____

Please return form to: vscmemberships@gmail.com

Date Payment received _____ **Check/Cash** _____ **Initials** _____