

Ellsworth Officers' Spouses' Club Membership Application

Personal Information

Name New..... Renewal
(Please let us know if you are called by another name.)

Address

City..... Zip Code

Phone.....

E-mail Address.....

Birthday Anniversary

Spouse's Name..... Rank

Organization.....

In keeping with the privacy act of 1974-S, 3418, this information will be used for the EOSC only; e.g.: directory, "little clubs" and the newsletter. May we print the above information in the EOSC directory, which is available to all EOSC members? Yes No

Signature..... Date

Yearly membership fee is \$50.00. Please make checks payable to EOSC.

Cash Check #.....

Interest Survey

I would be interested in volunteering for:

..... Holding an OSC Board Position

..... Auction Committee

..... Thrift Shop

..... Christmas Decorating

..... Contributing to the Newsletter

I am interested in the following activities:

Poker Bridge

Book Club Bowling

Bunko Golf

Gourmet Club Lunch Bunch

Play Group Stitch n' Gab

Hiking Scrap Booking

Reservations

Deadline for functions is three business days prior to the event at noon. All reservations, cancellations, meal changes, and special requests must be made before this deadline to avoid charges.

Monthly Reservations can be made by emailing or calling the Reservation Chairperson (Cindy Kennedy trapkennedy@rap.midco.net or 484-9637). Please notify the chairperson of your meal choice, when applicable, or any special dietary needs.

Permanent Reservations may be made on an individual basis. This will include all remaining functions and meal choice will be menu A. If you would prefer another meal choice, you must notify the reservations chairperson by the deadline.

Cancellations for permanent or monthly reservations must be made to the reservations chairperson by the deadline. Failure to do so will result in a charge to your credit card on file.

Payment can be made by cash, check, or credit card.

Reservations Contract (Required)

Name Phone..... Email.....

I have read the above reservation policy and would prefer:

(Please initial one.)Permanent Reservations Monthly Reservations

I understand my credit card will be charged if I have a reservation and fail to cancel it by the deadline.

Credit Card: Visa M.C. Credit Card #..... Exp. Date/.....

Authorized Cardholder Signature..... Billing Zip Code.....

Are you a Dakota's Club member? Yes No

Please mail membership application and fee to EOSC, Attention: Membership, P.O. Box 993, Box Elder, SD 57719