

**USS ALBEMARLE/USNS CORPUS CHRISTI BAY
REUNION ASSOCIATION**

MEMBERSHIP ENROLLMENT

Name: _____

Branch of Service: _____

Year(s) on Ship: _____

Rank: _____

What was duty/where did you work? _____

Address: Street _____

City _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Spouse or Significant Other's Name (optional) _____

Who would you like to contact from your days on the ship?

Are you in contact with buddies from the ship who do not know about the organization?

Dues are \$30 per year and the check should be made out to:

USS Albemarle/USNS Corpus Christi Bay Reunion Association

Send check and information to:

Oscar Thomas, 3937 Willow Run, Flower , TX75028