



Membership Form

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Best Way/Time to Contact Me: _____

Birth Date (Month/Day): _____

Do you work? If so, where? _____

Do you have a home-based business? _____

Special Interest/Activities: _____

My spouse is, circle one: Active Duty Civilian Retired

Spouses Name/Unit: _____

Last Assignment: _____

Children and Ages: _____

Please circle what you are interested in...

Special Activity Groups:

Lunch Bunch Playground Pals Wine Club Coffee Talk Bookworms Bunco

Other _____ Would you be open to organizing/leading this group? _____

Volunteer Opportunities:

TSC Thrift Shop Scholarship Committee Social Committee Board Member Special Events Committee

Membership Dues and Payment (\$45)

Cash\$ _____ Check# _____

By signing you understand that your image and name may be used by the TSC for publicity purposes and our membership directory.

Please give this completed form to any TSC board member, drop off at our Thrift Shop,
Email to tyndall.membership@gmail.com, or mail to:

Tyndall Spouses Club
PO Box 40029
Tyndall AFB, FL 32403