



Council on America's Military Past

Membership Application and Renewal Form

Welcome! Please fill out the information and mail it with your payment to the Membership Secretary at the address below. NOTE: Effective November 2017, the *Journal of America's Military Past* and the *Headquarters Heliogram* are distributed electronically. Hard copies are available for no additional charge or for an additional \$10/year, depending on your membership class. Be sure to mark your preference below.

Yes, I am interested in preserving, interpreting and sharing America's military heritage and wish to join others who share my interest. My payment of \$_____ for _____ year(s) at the membership class indicated above is enclosed. (For two or more years' membership, subtract 10%. You will be billed annually the additional charge if you prefer hard copies of the publications.)

NAME (include military rank, if appropriate)*	ORGANIZATION (IF CORPORATE OR AGENCY)*
STREET ADDRESS*	CITY/STATE/ZIP+4*
PHONE NUMBER*	E-MAIL ADDRESS*
CURRENT OCCUPATION/INTEREST	MILITARY BACKGROUND
NAME OF CURRENT CAMP MEMBERS YOU KNOW	AWARDS/PUBLICATIONS/PROJECTS

*Required

MEMBERSHIP CLASSES (choose one)

<input type="checkbox"/> SUSTAINING \$100 <input type="checkbox"/> Electronic pubs <input type="checkbox"/> Hard copy pubs (no extra charge)	<input type="checkbox"/> CONTRIBUTING \$60 <input type="checkbox"/> Electronic pubs <input type="checkbox"/> Hard copy pubs (no extra charge)	<input type="checkbox"/> INDIVIDUAL \$40 <input type="checkbox"/> Electronic pubs <input type="checkbox"/> Hard copy pubs ADD \$10	<input type="checkbox"/> STUDENT \$10 Full-time, any grade level, electronic pubs. Name of school: _____
<input type="checkbox"/> CORPORATE \$50 (if pre-paid) <input type="checkbox"/> Electronic pubs <input type="checkbox"/> Hard copy pubs ADD \$10	<input type="checkbox"/> CORPORATE \$60 (if to be billed) <input type="checkbox"/> Electronic pubs <input type="checkbox"/> Hard copy pubs ADD \$10	<input type="checkbox"/> FOREIGN ADDRESS ADD \$10 POSTAGE TO CHOSEN CLASS (EXCEPT APO, FPO, DPO)	<input type="checkbox"/> FAMILY MEMBER \$10 added to other household membership class (no pubs)

PAYMENT TYPE (DO NOT MAIL CASH)

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> NAME ON CREDIT CARD		<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE	SIGNATURE REQUIRED FOR CREDIT CARD

MAIL TO: CAMP Membership Secretary 596 Herring Gull Ct. Corolla, NC 27927