



PLEASE SEND THIS FORM AND DUES TO:

ROBERT SULLIVAN
P.O. BOX 3637, ST AUGUSTINE, FL 32085

Send THIS FORM with your Check/MO payable to:
USS TICONDEROGA VETERANS' ASSOCIATION

PLEASE PRINT

NAME: _____ SHIP: CV/CVA/CVS CG- _____ DIVISION: _____

RATE/RANK (highest while aboard): _____ YEARS ABOARD (from/to): _____

ADDRESS: _____ SPOUSE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL #: _____

EMAIL ADDRESS: _____ @ _____

NEW MEMBERSHIP TYPE (circle one): Life Regular Associate

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 FORM AT:
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DUES AMOUNT INCLUDED FOR PERIOD:

_____ (\$20)... Dues for Jan – DEC 2023 _____ (\$20)... Dues for Jan – DEC 2027

_____ (\$20)... Dues for Jan – DEC 2024 _____ (\$20)... Dues for Jan – DEC 2028

_____ (\$20)... Dues for Jan – DEC 2025 _____ (\$20)... Dues for Jan – DEC 2029

_____ (\$20)... Dues for Jan – DEC 2026 _____ (\$20)... Dues for Jan – DEC 2030

_____ LIFE Member Amount (see below) _____ Past Dues Arrearage (indicate period)

_____ Donation to (circle one): General Fund Memorial Fund CG-47 Museum Room

Lifetime Membership Amounts:

Age 29 & under	\$1,100	Age 59 – 60	\$550
Age 30 – 39	\$900	Age 60 – 69	\$350
Age 40 - 49	\$700	Age 70 & over	\$150

FOR CHANGE OF ADDRESS, EMAIL, PHONE, send to WebAdmin@ticovets.org