

AESC 2018-2019 MEMBERSHIP APPLICATION

Please PRINT NAME as you	would like to be listed in the Castle Directory (The Redbook)
Last	First
Mailing Address:	
City	State
Zip Code	
Preferred contact phone:	-
E-mail	
Your Birthday (month/day only	/)
Check one: New member	Returning member Rejoining member
Spouse's Name_ Check one: Is Spouse: □ Active Deceased	ve □ USACE DA Civilian □ Retired □ Reserve/National Guard □
Spouse's title/rank/job assigni	ment or firm
By sending this application, yo	ou agree to have the above information listed in the Castle Directory.
Membership runs from July Oct 31st, 2018 will be include	1, 2018 until June 30, 2019. Membership information received by led in the 2018-2019 Castle Directory. Thank you!
Annual dues + 1 copy of the C Additional Castle Directory: E. Total:	Castle Directory \$25 ach \$5
Please make check payable to AESC MEMBERSHIP P.O. Box 6332 Alexandria, VA 22306-6332	o AESC and mail to:

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