

Pearl Harbor Submarine Officers' Spouses' Association Membership Application 2019-2020 Club Year

	Check All That Apply:
Name	□ \$35 Annual Membership
Address	☐ \$30 Retiree Membership
City State Zip	I do NOT authorize the publication of my personal information in the PHSOSA Roster.
Phone Number	
Email	□ I DO NOT authorize PHSOSA or its members to publish any images of myself on its website or public Facebook page.
Spouse Name and Rank	
Spouse Command / Projected Rotation Date	I would NOT like the ISWAS Newsletter and Roster emailed to me.
Birthday Month / Day JBPHH Hold Harmless Agreement:	I would attend a night meeting during the club year.
Members of the Pearl Harbor Submarine Officers' Spouses' Association (PHSOSA) further agree to hold harmless and indemnify the United States,	 I am interested in volunteering for a PHSOSA event.
Department of Defense, Department of the Navy, and any of its agents or sub-units for claims arising from any of the organization's activities.	List the events in which you are interested:
Signature Date	

Please make your checks payable to PHSOSA. If you have any questions, please contact our Membership Chair, Elizabeth Perris at membership.phsosa@gmail.com

PHSOSA, Attn: Membership Chair, P.O. Box 29449, Honolulu, Hawaii 96820