



# Membership Application

Complete all of the applicable fields below.  
The ones marked with an "\*" are required fields.

\*First Name  
Middle Initial  
\*Last Name  
Birth Date (mm/dd)  
\*Street Address 1  
Street Address 2  
  
\*City  
\*State  
\*Zip  
Home Phone  
Business Phone  
\*Mobile Phone  
\*Primary Email  
Secondary Email  
Profession  
Rank  
Branch of Service  
USNA Class

Spouse's First Name  
Spouse's Middle Initial  
Spouse's Last Name  
Spouse's Birth Date (mm/dd)  
Spouse's Mobile Phone  
Spouse's Primary Email

### ***To be completed by Parent/Guardian of MIDN***

MIDN First Name  
MIDN Middle Initial  
MIDN Last Name  
MIDN Birth Date (mm/dd)  
MIDN Rank/Class Year  
MIDN Mobile Phone  
MIDN Email

**Privacy Act Statement/Authority: 5 USC 301; Order 9397**  
**Purpose:** To apply for membership in the Naval Academy Club. To maintain mailing lists for Naval Academy Club bulletins and statements; to locate individuals when a problem may occur with returned checks; to provide statistical data for use by officials within the command or other government agencies.  
**Disclosure:** Disclosure is voluntary; however, failure to do so may result in your application for membership being rejected.

## ***Membership Eligibility***

From the drop-down menu, choose the option that best applies. Add requested information as noted in the drop-down menu in the space provided.  
See *Membership Eligibility Form* for more details.

### ***How did you hear about the Naval Academy Club?***

Current member:  
Faculty:  
Visitor Center  
I-Day  
Catering  
Chaplain's Office  
Website  
Other:

I am interested in learning more about catered events: YES                      NO

I understand I will be billed dues in advance and agree to pay these and any other charges that I may incur upon receipt of statements. I understand that failure to render prompt payment of bills and/or accurate application information will render me liable to cancellation of membership, loss of all Club privileges, and possible legal action. Upon approval of this application to the Naval Academy club, I understand I am immediately eligible to use Club facilities and I am obligated to pay dues commencing the month in which this application was approved. I am responsible for contacting the Club to cancel my membership. The Club will occasionally contact you with NABSD promotions and news.

***Signature***

***Date***

***Submit completed application to: Naval Academy Club,  
United States Naval Academy, 2 Truxtun Road,  
Annapolis, MD 21402-5018 or via email to  
membership@usna.edu. NAC will bill you directly.***



***100% of Sales Profits  
Benefit the Brigade of  
Midshipmen***