

The Phoenix Society Membership Application

(please print all information)

Last Name	First Name	M.I.	SSN	Date of Birth (Yr/Mo/Day)	
Address:		City	State	Zip Code (00000-0000)	
Phone No.			Email Address		
Date	Signature of Applicant		Signature of Sponsor (for associates)		
THIS PORTION IS FOR OFFICE USE ONLY:	Date Received		Amt Received		Initials
	Check Number #		Cash:		

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Type of Membership: Retiree (date of retirement) _____ Length of Service: _____	Employee (please provide current agency element): _____ Other (please explain):		
Spouse's name: (if not a member)	Job title or area of expertise:		
Would you be willing to serve on any of the following committees: <div style="display: flex; justify-content: space-around; text-align: center;"> Finances Office Programs Membership Systems Travel Wellness </div>			
Any Military Service?	Which Service?	Highest Rank or Rate?	Years of Service?
PLEASE COMPLETE THE FORM AND MAIL IT WITH YOUR CHECK FOR \$25.00 PAYABLE TO: The Phoenix Society • P.O. Box 64 • Annapolis Junction, MD 20701-0064			