



# PORTLAND MAINE CUTTERMAN'S ASSOCIATION

P.O. Box 15172  
Portland, Maine 04112

I desire Membership in the Association for the Dues Year \_\_\_\_\_  
I desire Life Membership in the Association (see schedule) \_\_\_\_\_  
Spouse desires Associate Support Membership for Dues Year \_\_\_\_\_  
Annual Dues \$10.00 per Year: Amount Enclosed: \_\_\_\_\_  
Check No: \_\_\_\_\_  
Donation if applicable: Amount Enclosed: \_\_\_\_\_

I am a current dues paid member and just updating info \_\_\_\_\_  
I only want to update address info for Reunion Mailings \_\_\_\_\_

NAME (MEMBER): \_\_\_\_\_  
NAME (SPOUSE): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

Current Military Status: ACTIVE \_\_\_\_, RETIRED \_\_\_\_, RESERVE \_\_\_\_, AUX \_\_\_\_, DISCHARGED \_\_\_\_,  
OTHER \_\_\_\_\_

Service Branch: USCG \_\_\_\_, USN \_\_\_\_, USA \_\_\_\_, USMC \_\_\_\_, USAF \_\_\_\_, USPHS \_\_\_\_,  
OTHER \_\_\_\_\_

Rate/Rank now or at time of discharge/retirement \_\_\_\_\_  
U.S. Armed Forces Veteran: State Service \_\_\_\_\_  
War Veteran: State Period of Service \_\_\_\_\_

TYPE MEMBERSHIP: (THIRD BY-LAW Section 1 - See Reverse Side)

- 1) VETERAN (State Portland Cutter) \_\_\_\_\_  
(Period of Service Aboard) \_\_\_\_\_
- 2) ACTIVE (State Portland Cutter) \_\_\_\_\_  
(Period of Service Aboard) \_\_\_\_\_
- 3)\* SPECIAL EXECUTIVE MEMBER \_\_\_\_\_  
(Other USCG or Armed Forces Veteran, Active, Retired, Reserve)
- 4) ASSOCIATED SUPPORTING MEMBER \_\_\_\_\_  
(Spouses and Children of Active, Veteran, and Deceased Members)
- 5)\* ASSOCIATED EXECUTIVE MEMBER \_\_\_\_\_  
(Non Veteran nor Qualified for other categories of membership)

\* Sponsorship Recommendations required for these Memberships.  
List three (3) Members that would make Recommendation for your Membership.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please initial the following as appropriate:**

As a Member I agree to conform to the Articles and By-Laws of this Association \_\_\_\_\_

I authorize publication of my Address \_\_\_\_\_ Telephone No: \_\_\_\_\_ for purposes deemed appropriate by the Association.

I desire and would be able to serve the Association as an Officer: \_\_\_ Director: \_\_\_ Committee Member: \_\_\_