



**Fort Knox Spouses and Community Club
Membership Application**

Name: _____
Street Address: _____
City/State: _____ Zip: _____
Home Phone: _____ Mobile Phone: _____
Email: _____ Birth date: _____
Spouse's Name: _____ Unit/Org: _____

The deadline for making and canceling reservations is 10 days before each luncheon. In the event a reservation is made and not cancelled prior to the deadline, the member will be responsible for the payment of \$15.00. I understand and accept this policy. _____ (Initial)

I permit the Fort Knox Spouses and Community Club to publish the above information in the Membership Directory. Signature _____ Date _____

Individuals are responsible for bank fees incurred due to returned checks for insufficient funds. Signature _____ Date _____

All FKSCC members, upon joining the organization or renewing membership with the organization, are advised to read the Constitution and Bylaws. Signature _____ Date _____

Annual Dues Schedule

Regular Members:	\$25.00
BOLCIII:	\$ 5.00
MC3:	\$12.50
Community Members:	\$25.00

Please send this completed application and dues to:

**Fort Knox SCC, Attn: Membership
P.O. Box 177
Fort Knox, KY 40121**

Questions? Please email – membership@fortknoxsc.org

For Office Use Only: ____ Active Member ____ Associate Member ____ Honorary Member: Member # _____
Payment Method: Cash _____ Check # _____