

ANNUAL INDIVIDUAL MEMBERSHIP FORM

Date: _____

Name: _____
Mr, Mrs, Ms First Name Middle Name/Initial Last Name Suffix

Address: _____
Street Address or Box # City State Zipcode

Email: _____

Phone: _____

Select Membership Level: Private (\$10)___; Corporal (\$25)___; Sergeant (\$50)___; Staff Sergeant (\$100)___; Master Sergeant (\$250)___; Sergeant Major (\$500)___ or Command Sergeant Major (\$1,000)___.

***Please mail or deliver this form with your check
to Sumner Hall, 206 S. Queen Street, Chestertown, MD 21620.***