



South Texas Naval Academy Parents' Club

Membership Application Form

MEMBERSHIP DUES: One-time payment of \$125 per family, (*\$150 suggested and if able, please help our efforts by supporting us at a higher dollar amount level*). Dues cover all four years of your midshipman and support Care Packages for Mids, Club correspondence, All Academies Ball, and other expenses.

Member(s) (*Please provide all requested information*)

***Father:** First Name: _____ Last Name: _____

***Mother:** First Name: _____ Last Name: _____

***Other:** First Name: _____ Last Name: _____

Grandparent Other

***Preferred Address:**

Street: _____ City: _____ ST: ____ ZIP: _____

Telephone:

*Family Preferred: _____ (*Please Check One*): Home Cell Work

Father: Home: _____ Cell: _____

Mother: Home: _____ Cell: _____

Other: Home: _____ Cell: _____

Email:

*Family Preferred: _____

Father's email: _____

Mother's email: _____

Other's email: _____

***Will be published in Club's Membership Directory.**

Midshipman: (*Please supply as much information as you have.*)

First Name: _____ Last Name: _____

USNA / NAPS Class of: _____ Company: _____

Date of birth: _____ E-mail: _____

Mailing address: _____

Make checks payable to **STNAPC** and return to:

STNAPC

c/o Emmet & Renee Faulk, Presidents

16125 Walnut Creek Dr.

San Antonio, Texas 78247

For Club use only: Date Received: _____ Date Acknowledged: _____
Paid by: Cash (Receipt provided) Check (CK# _____)