



Dahlgren Officers' Spouses' Club

2022-23 Membership Application

Name: _____ Birthday (month, day): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Best way to contact you? E-Mail Phone Other

OK to publish in DOSC Directory? YES / NO (we do not share our list)

Spouse's Name (rank): _____ Command: _____

Branch of Service: _____ Rotation date (approx.): _____

Status (circle): Active Reserve Retired

Please make checks payable to DOSC

Spouse of Active/Reserve/Other Duty _____ \$40.00

Spouse of Retired Officer / Widow of Officer _____ \$20.00

I would like to donate to the Rosemarie Blades Scholarship Foundation.

_____ No Thank You

_____ \$10

_____ Other Amount \$ _____

Mail to: DOSC

722 Sampson Road
Dahlgren, VA 22448

Date Rcvd: _____ Amt Pd: _____ CK #: _____ Cash: _____