

# APPLICATION FOR MEMBERSHIP IN THE CHIEF PETTY OFFICERS ASSOCIATION AUXILIARY

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

CPOA # \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Chapter \_\_\_\_\_

Phone \_\_\_\_\_

Regular \_\_\_\_\_ (\$15) Associate \_\_\_\_\_ (\$15)

Auxiliary Unit \_\_\_\_\_

Return this form with your payment to: National Membership Chairperson  
R. Bunting  
13005 Boca Ciega Avenue  
Maderia Beach, FL 33708