



MEMBERSHIP APPLICATION

Name:

Date of Birth:

Email:

Phone:

Current Street Address:

City:

State:

Zip Code:

Cell:

Prior Military?

Branch:

Spouse Information

Name:

Date of Birth:

Anniversary:

Phone:

Student: \$25.00 _____

Annual \$50.00 _____

Lifetime: \$250.00 _____

Sponsor _____

Remarks:

Mail to: Celebrate Freedom Foundation
Membership Director
2533 B Airport Blvd
West Columbia, SC 29170