



U.S.S. CONTINUUM MEMBERSHIP APPLICATION

To join the *Continuum*, please fill out all applicable fields below and return it to us. You can mail it to

U.S.S. CONTINUUM
810 Barksdale St
Pensacola, FL 32514-9504

Include \$12 for the annual membership fee. Add \$2 for each additional member of the same household joining (\$14 total for 2 members joining, \$16 for 3, etc.). Please note: this does not cover the membership to our parent organization, STARFLEET. Please use additional sheets if necessary.

Make checks and money orders payable to **USS Continuum**.

NAME: _____

MAILING ADDRESS: _____

APT #: _____ CITY: _____

STATE: _____ ZIP CODE: _____ - _____

HOME PHONE: (____) _____ EXT: _____

CELL PHONE: (____) _____ EXT: _____

WORK PHONE: (____) _____ EXT: _____

EMAIL ADDRESS: _____

BIRTHDATE: ____ / ____ / ____ GENDER: _____

ARE YOU CURRENTLY A MEMBER OF STARFLEET? _____

IF YES, WHAT IS YOUR SCC#? _____

(over)

WHICH DEPARTMENT ARE YOU INTERESTED IN JOINING? (check one)

_____ ENGINEERING

_____ MARINES

_____ MEDICAL

_____ OPERATIONS

_____ SCIENCES

_____ SECURITY

ADDITIONAL MEMBERS:

NAME: _____

BIRTHDATE: ____ / ____ / ____

GENDER: _____

DEPARTMENT: _____

SCC #? _____

NAME: _____

BIRTHDATE: ____ / ____ / ____

GENDER: _____

DEPARTMENT: _____

SCC #? _____

NAME: _____

BIRTHDATE: ____ / ____ / ____

GENDER: _____

DEPARTMENT: _____

SCC #? _____

NAME: _____

BIRTHDATE: ____ / ____ / ____

GENDER: _____

DEPARTMENT: _____

SCC #? _____

NAME: _____

BIRTHDATE: ____ / ____ / ____

GENDER: _____

DEPARTMENT: _____

SCC #? _____