The Oakleaf Club of Greater Washington D.C.

Membership & Directory Form

Application Information

Name: _____ Circle One:

Email: _____ Join Renew

Phone: _____

Are you a military member? (Spouse's information will be entered later.) Yes No

Spouse's/Partner's Information

Name: _____

Military Status (circle one): Active Retired Civilian

Military Branch (circle one):

Army Navy Air Force Marine Corps Coast Guard USPHS Other: _____

Pay Grade: _____

Duty Station (circle one):

WRNMMC USUHS BUMED Fort Belvoir Other: _____

Department: _____

Additional Information

Home Address: _____

Interests:

USU Student Spouse Playdates Books for Kids Book Club Deployment Support Fisher House Other: _____

Directory: We create a membership directory annually that is shared internally with members. Please indicate which information above you do not want shared in the directory: _____

Please mail this form along with membership dues (cash or check made out to Oakleaf D.C.) to:

Oakleaf Club of Greater Washington D.C.
c/o Walter Reed National Military Medical Center
8901 Wisconsin Ave, Box 248
Bethesda, MD 20889

Dues: $30 for all members, with a suggested but optional $10 additional donation for O-4 and above spouses and members ($40 total)