



## SOUDA BAY OVERSEAS SUPPORT GROUP MEMBERSHIP FORM

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

AREA OF RESIDENCE(i.e. ARONI, STERNES, etc): \_\_\_\_\_

ACTIVITIES INTERESTED IN PARTICIPATING IN:

\_\_\_\_\_

CHECK ONE:

ACTIVE -DUTY

GOVT CIVILIAN

DEPENDENT

IF DEPENDENT, RELATIONSHIP TO ACTIVE-DUTY/GOVT CIVILIAN AND THEIR

NAME: \_\_\_\_\_

EXPECTED PCS DATE: \_\_\_\_\_

I have received training and understand the Social Media and Internet Correspondence Policy(OPSEC) and will not post anything that violates these regulations.

I will abide by the NSASB FRG Code of Conduct

I give permission to be contacted by a representative of the NSASB SUPPORT GROUP

I give permission for my name and contact information to be listed in the SOUDA BAY SUPPORT GROUP roster.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE