



SOUDA BAY OVERSEAS SUPPORT GROUP MEMBERSHIP FORM

NAME: _____ EMAIL: _____

PHONE: _____

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

CHECK ONE:

ACTIVE -DUTY

GOVT CIVILIAN

DEPENDENT

OTHER

IF DEPENDENT, RELATIONSHIP TO ACTIVE-DUTY/GOVT CIVILIAN AND THEIR NAME. IF OTHER, PLEASE EXPLAIN: _____

PLEASE LIST ALL FAMILY MEMBERS YOU AUTHORIZE TO JOIN THE SOUDA BAY OVERSEAS SUPPORT GROUP CLOSED FACEBOOK GROUP AND RECEIVE INFORMATION ON YOUR BEHALF (Spouse, Parents, Children, etc.

EXPECTED PCS DATE: _____ INTERESTS: _____

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, as well as, any others listed above that I authorize as family members.

SIGNATURE

DATE