



Onarga Military School Alumni Association

Membership Application Questionnaire

[Fiscal Year October - September]

[For Use Only in the OMSAA Membership Directory] [Please Print or Type]

Full Name: (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Class of: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Retired From: \_\_\_\_\_

Or Current Occupation: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

**Payment of dues will provide each alumni with a copy of the annual OMSAA membership directory.**

Annual Dues: \$20.00

Life Membership: \$150.00

(Circle one)

Make check payable to: **OMSAA**

Please return this form and check(s) to:

**Robert W. Gillfillan**

**President, OMSAA**

**2007 North 75th Court**

**Elmwood Park, IL. 60707-3603**

(Please review next page for OMSAA Charities)