



Onarga Military School Alumni Association

Membership Application Questionnaire

[Fiscal Year October - September]

[For Use Only in OMSAA Member 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: \_\_\_\_\_ BusFax 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:

OMS Alumni Association  
C/O JOHN FRIEBEL  
ASSN SECRETARY/TREASURER  
9211 GEORGE KYLE ST  
SAN ANTONIO, TX 78240-3609

(Please review next page for OMSAA Charities)