



**APPLICATION AND DUES RENEWAL**

**Mail To: Navy & Marine Corps EOD Assoc.**

Date: \_\_\_\_\_

\_\_\_\_ New [Dues \$25.00]  
\_\_\_\_ Renewal \_\_\_\_\_ Nbr. of years [Dues \$25.00 each year]  
\_\_\_\_ Change of address

3330 Paddock Pkwy  
Suwanee, GA 30024-9119

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Spouse: \_\_\_\_\_

Last 4 Digits of SSN \* \_\_\_\_\_ Optional – used to prevent duplication

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Other Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address ## \_\_\_\_\_

**## I want to receive the Disposal on line at the above email address:** Yes \_\_\_\_ No \_\_\_\_

EOD/BD/MD School Class Number: \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Permission is granted to publish my: Name, Address, Email Address, and Home Phone Number in the N&MCEODA Directory ( ) Yes ( ) No**

**I agree to receiving periodic, EOD related Updates at the above Email address ( ) Yes ( ) No**

**See Membership Information for details on Regular and Associate Membership Requirements:**

**Regular Membership:** \_\_\_\_ Active Duty \_\_\_\_ Retired \_\_\_\_ USMC EOD \_\_\_\_ USN EOD \_\_\_\_ Widow

Other: \_\_\_\_\_

**#Associate Membership:** \_\_\_\_ Army EOD \_\_\_\_ Air Force EOD

Other: \_\_\_\_\_

#Approval: \_\_\_\_\_ # Approval \_\_\_\_\_

**CREDIT CARD PAYMENT**

**Credit Card Payment Amount:**

**Type of Card:** Visa    Master Card    Discover    or Government Purchase Card

**Credit Card Number**

**Expiration Date**                      **Printed name as shown on credit card**

**Enter billing address if different from above:**

Address

City: \_\_\_\_\_ State \_\_\_\_\_ Zip+4: \_\_\_\_\_

**FOR CREDIT CARD PAYMENTS, MAIL THE COMPLETED FORM TO THE ADDRESS ABOVE**