

USS SAMUEL B. ROBERTS (DD-823)
SHIPMATE'S ASSOCIATION
MEMBERSHIP APPLICATION or RENEWAL

Date: _____ New or Renewal: _____

Name: _____

Dates on Board DD-823: _____

Rank or Rate: _____

Rank or Rate Retired As: _____

Home Address

Street: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Spouse's Name: _____

Dues are \$15. / Yr. Check or Money Order preferred.

Payable to: USS Samuel B Roberts DD-823 Shipmate's Assoc.

Mail To: Kevin McKeown

47 Long Beach Drive, Sound Beach, NY 11789

Any Questions, Contact Kevin at: 631.821.7446 or

E-mail: navymac@aol.com