PRINT THIS FORM, COMPLETE FORM AND SEND IN

SSBN/SSN 601 Association Enlistment Form

Name: _____

Address: _____

_____

City: _____ State: _____ Postal Code: _____

Phone: _____ Email:_____

Years Aboard: _____ Rate/Rank: _____ Crew: _____

Dues: One Year is $10.00

☐ **New Member**: Membership (also known as Regular Membership) 1n the Association is op n to all who ever served (shipmate) on USS Robert E. Lee (SSBN-601) or (SSN -601) and to widows of those who served.

☐ **Associate Member**: Offered to any person interested in preserving the Ship history and honoring the crew's service. A Regular Association member of good standing must sponsor associate members.

Sponsor Name: _____ Phone; _____

☐ **Shipping Over**

Number of Years _____ x $10.00 = _____

Please enclose your check for the number of years you choose to enlist. There is no Ship Over bonus so the more years the less paperwork.

Make check payable to: Robert E. Lee Association

Please mail to: USS Robert E Lee Association
C/O Michael O'Brien
2873 Medford Avenue
Redwood City, CA 94961