

# U.S.S. WESTCHESTER COUNTY, LST-1167, ASSOCIATION MEMBERSHIP APPLICATION

WEBSITE: [www.lst1167.com](http://www.lst1167.com) E-MAIL: [lst1167@sbcglobal.net](mailto:lst1167@sbcglobal.net)

**Dues Have increased to Annual: \$50 Five Years: \$225**

**Current Officers:** President, Robin Norcutt Vice President, Paul Maier Secretary/Treasurer, Nolan Nelson

**It is the intent of the U.S.S. WESTCHESTER COUNTY, LST-1167 ASSOCIATION to:**

- Preserve the military record and naval history of the U.S.S. Westchester County, LST-1167, and to perpetuate the memory of her service.
- Honor those who gave their lives in the service of this country while aboard the Westchester County, LST-1167.
- Comfort those who lost family, shipmates, and friends aboard the Westchester County, LST-1167.

**To qualify for membership applicants must meet at least one of the following criteria:**

- Must have served aboard the U.S.S. Westchester County, LST-1167.
- Any U.S. Navy, U.S. Army, or Allied Forces stationed, serving or involved in operations aboard U.S.S. Westchester County, LST-1167.
- Any relative of anyone stationed, serving, or involved in operations aboard U.S.S. Westchester County LST-1167.
- Parties interested in the Naval History of the U.S.S. Westchester County LST-1167.

**PERSONAL INFORMATION:** *The below information will appear on the Association website unless you indicate otherwise. Shipmates can access your information by contacting the Secretary/Treasurer.*

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**Release to Website: YES NO**

**SERVICE ABOARD OR RELATION TO U.S.S. WESTCHESTER COUNTY, LST-1167:**

Dates of service on the WESCO: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_

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|---|------------------------------------|---|
| <input type="checkbox"/> Commissioning Crew   | <input type="checkbox"/> Survivor  | <input type="checkbox"/> Decommissioning Crew |
| <input type="checkbox"/> U.S. Navy  | <input type="checkbox"/> U.S. Army | <input type="checkbox"/> Allied Forces        |
| <input type="checkbox"/> Friend/relative of crew member – crew member's name: _____ |                                    |   |

**MEMBERSHIP DUES:** Annual: \$50 Five Years: \$225 Make payable to: USSWCA Mail to: USSWCA c/o Nolan Nelson, PO Box 1631, Rogue River OR 97537