



The Oakleaf Club of Greater Washington D.C. Membership & Directory Form

Application Information

Name: _____

Circle One:

Email: _____

Join Renew

Phone: _____

Are you a military member? (Spouse's information will be entered later.) Yes No If so:

Status (circle): Active Retired Civilian Branch: _____ Pay Grade: _____

Spouse's/Partner's Information

Name: _____

Military Status (circle): Active Retired Civilian

Military Branch: _____ Pay Grade: _____

Duty Station (circle one):

WRNMMC USUHS BUMED Fort Belvoir Other: _____

Department: _____

Job Title/Area of Responsibility
(e.g. student (please indicate year), resident, attending, base command, etc.):

Additional Information

Home Address: _____

Interests:

Volunteering Playdates Fundraising Social Events Book Club USU Student Spouse Books4Kids Other: _____

Please mail this form along with membership dues (cash or check made out to Oakleaf D.C.) of \$25 to:

Oakleaf Club of Greater Washington D.C.
Walter Reed National Military Medical Center
P.O. Box 248
8901 Rockville Pike
Bethesda, MD 20814