



Northeast Ohio Naval Academy Parents

2016-2017 MEMBERSHIP APPLICATION

Name (Last/First): _____ **Father**
 Address: _____ **Mother**
 City: _____ Zip: _____ County _____ **Guardian**
 Home Phone: (____)____-____ E-mail: _____
 Are you a Blue & Gold Officer? Yes No

Name (Last/First): _____ **Father**
 Address: _____ **Mother**
 City: _____ Zip: _____ County _____ **Guardian**
 Home Phone: (____)____-____ E-mail: _____
 Are you a Blue & Gold Officer? Yes No

Mid's Name (Last/First): _____
 Mid's Company: _____ Mid's P.O. Box No. _____ Class Year: _____
 Alpha Number _____

GET ON BOARD WITH NEONAP!
CONSIDER SHARING YOUR TALENTS AND TIME WITH THE GROUP

Computer/internet _____ Host an event _____
 Graphic design/Photoshop/Publisher _____ Help where I can _____
 Centerpiece design/decorating _____

<u>Membership Type</u>	<u>Dues</u>	<p align="center">Please make check payable to: Northeast Ohio Naval Academy Parents Mail to: Kathy Lloyd 2116 Sagamore Road Akron, OH 44313 (Membership runs June 1st through May 31st of following year)</p>
<input type="checkbox"/> Family of current Midshipman – Annual Membership (1 Yr.)	\$50	
<input type="checkbox"/> Family of current Midshipman – 4 Year Membership	\$180	
<input type="checkbox"/> Family of current Midshipman – 3 Year Membership	\$135	
<input type="checkbox"/> Family of graduates (Alumni) – Annual Membership (1 Yr.)	\$30	
<input type="checkbox"/> Family of graduates (Alumni) – 4 Year Membership	\$100	

Questions? Call Kathy Lloyd at 330-867-7414, NEONAP Membership Chairman