



VOLUNTARY FORM

BRING TO I-DAY

Please complete this form. Bring it with you when you report to USNA.

MIDSHIPMAN LIFE MEMBERSHIP AT GRADUATION PROGRAM

PLEASE PRINT

NAME: _____
Last First MI

USNA ALPHA # _____
Class Year

To: U.S. Naval Academy Alumni Association

In order to receive the reduced fee for Life Membership at Graduation, I hereby authorize the Midshipmen's Disbursing Officer to withdraw the following from my pay account: \$15 monthly during my 3rd & 2nd class years and \$18 monthly during my 1st class year.

I understand that I will receive further information on this program. I authorize the USNA Alumni Association to contact me via email.

I understand that I may revoke this authorization at any time between now and 1 April of my 1st class year, with refund of all monies paid.

Signature _____
Date
