



SILVER CADUCEUS ASSOCIATION, INC.



Membership Application

The Silver Caduceus Association is for Medical Service Corps Officers who are serving or have served in the U.S. Army, and their surviving spouses.

First Name: _____ **Last Name:** _____ **Rank:** _____

Spouse's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Email: _____

Dates of Service: _____ **to** _____ **Status:** _____
(MM//YY) (MM//YY)

Birthday: _____ **Please Remit:** _____
(MM//DD/YYYY)

I _____ the use of my name or photo for use in SCA publications.

Applicant's Signature _____

Mail completed application & check to:

Silver Caduceus Association, Inc.

P.O. Box 39514

San Antonio, TX 78218