NMCB FOURTEEN ASSOCIATION

APPLICATION FORM

Membership Update / Dues Renewal

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

Last Rank/Rate _____

Address: **Street** _____

City_____**State**_____ **Zip Code** _____

Email Address: _____

Telephone: **Home:** (____)____- _____ **Cell:** ( ) _____- _____

Affiliation: **Seabee** _____ **Family of Seabee** _____

Annual Dues (New): $30.00_____ // **Annual Dues (Renewal): $30.00** _____

Life Membership $100.00_____ **Additional Donation(s): $**_____

Indicate the Committee you want to support:

Membership _____ **Fundraising** _____ **Reunion** _____

Communications _____ **Other** _____

Mail Form and Dues to:

Gregg Harkness
7255 Woodville Crescent
Orlando, FL 32819

(*Make checks payable to NMCB 14 Association*)

Form Revised: 10 March 2026

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll free within the State to 1-800-435-7352 or by going to www.FloridaConsumerHelp.com. Registration does not imply endorsement, approval, or recommendation by the State.