

# *USS Cabildo Association - LSD 16*

## *Application for Membership*

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Men who served aboard the USS Cabildo LSD-16 and who are interested in future reunions or would like contact with other Cabildo crew members, are urged to provide the following information so that a database of former Cabildo crew members can be established.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(please feel free to include your spouses name if so desired)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_ Service Number: \_\_\_\_\_

May we place the information provide above or our crew member web site? YES \_\_\_\_\_ NO \_\_\_\_\_

Years Served Aboard the USS Cabildo: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Rating or Ranks While Onboard: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Total Years of Naval Service: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Rating or Rank at Retirement: \_\_\_\_\_

Other Ships Served On or Duty Stations Assigned:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

State Where You Enlisted Or Were Drafted: \_\_\_\_\_  
(not where you reported for duty)

**ANNUAL DUES FOR CABILDO ASSOCIATION MEMBERSHIP IS \$25.00 PER YEAR. PLEASE MAKE CHECKS PAYABLE TO THE USS CABILDO ASSOCIATION:**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO: Bob Gwin, 33496 Hickory Ave. , Sioux City, IA 51108**